Remarks ON A CASE OF FOOT-DEFORMITY.

Delivered at the National Orthopædic Hospital, Great Portland-street,

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Double talipes equinus—Supposed origin at birth—Spastic rigidity of new-born infants—Nature of the peculiar aberration of volition—Necessity after tenotomy of guarding against too great length and weakening of tendon.

GENTLEMEN,—One of the cases which you have seen operated on by me to-day (Oct. 21st, 1872) by division of the Achilles tendons is sufficiently peculiar to justify some remarks. It is that of a short, spare, muscular young man, aged twenty-three, active, intelligent, affected with double talipes equinus. He says he has not walked properly from birth. He walks very lamely in the manner characteristic of talipes equinus, with slight tendency to inversion of one foot and eversion of the other. He often falls in consequence of the left knee giving way suddenly. You will forgive my entering into further descriptive details of a case of so hackneyed a subject as talipes equinus, because I desire you to comprehend the reason for some of the particulars of the treatment adopted, and because of the interest which attaches to the pathology of the particular class of contractions and deformities of which the present is an instance. He says that with increasing growth and weight, and the wear and tear of the feet caused by walking and carrying weights, he has gradually become more lame, and was consequently induced to apply to the hospital. The limbs generally and the calf muscles appear to be of average development, and give the impression of unusual rigidity and strength, the right gastrocnemius being a trifle the larger. It is obvious from this fact, and from the circumstance that in the left foot, when with the knee fully bent he bears his weight principally upon it, the tarsal arch of this foot sinks, the foot then assuming a valgoid form; that originally this foot was more contracted than its fellow; that the strain in walking has brought the left heel nearer to the ground than it originally was, at the expense of the tarsal arch. Great breadth of both feet across the metatarso-phalangeal articulations shows how unduly the weight of the body has been borne on these parts, instead of being fairly distributed upon the heels. The right foot, being free from a valgoid tendency, is better placed beneath the perpendicular axis of the leg. When he is seated and is requested voluntarily to move the ankle-joints (i.e., without touching them with his hands), he appears to possess full power of volition as far as the *structural shortening* of the muscles, which has been gradually produced since birth, permits. He is unable to straighten thoroughly either knee, even when seated. When the left knee is voluntarily straightened as much as possible, the foot assumes the position of extreme equinus. The muscular portions of the gastrocnemius in both limbs are three-fourths or more of the entire length from the popleæ to the heel, being therefore unusually long in relation to their tendons. When he places the left foot upon the ground and rests his hand upon the corresponding knee, holding it at the same time bent as much as possible, a plumb-line dropped from the front of the knee-cap nearly reaches the metatarso-phalangeal articulations. In the right limb a plumb-line touches the middle phalanx of the middle toe. During the act of walking both knees are somewhat bent, the left heel remains three inches from the ground, whilst the right heel occasionally touches the ground on its outer side; the heels are narrow and undeveloped; the cuticle beneath the metatarso-phalangeal articulations is thick and horny, especially beneath that of the great toe. These apparently trivial details throw light on the play of the muscles, and will enable you, when the man is about to be discharged, to test the amount of improvement he will then have received.

There are two circumstances in the case which fully exhibit the well-known influence of shortened gastrocnemii in bending the knees. The first is, that when he walks, or when he sits and attempts to straighten the knees, the elevation of the heels is so considerably increased. The second is the apparent disappearance of heel elevation when he places his feet on the ground and tests the amount of bending of the ankle by the plumb-line as already described. The difference, however, in the relative positions of the knees and ankles as thus influenced by the structurally shortened gastrocnemii does not appear wholly to explain the high degree of equinus assumed at certain moments by the feet. I have elsewhere shown the probability that contact of the sole with the ground is competent, owing to disturbed reflex action, to cause, during use of the limb, augmentation of tonic or spastic contraction of muscle. When the limb is in use, and not in contact with the ground, as when he stretches it out in the sitting or recumbent posture, the tonic or spastic contraction is augmented owing to a perversion of volition, sometimes regarded as allied to chorea.

I will now explain why he is apt to fall, "through the left *knee* giving way." In this limb the morbid tonic contraction of the gastrocnemius, as well as the acquired structural shortening of it, the last of these states having resulted from the many years the tonic contraction has existed, tend, when he is walking, as well to keep the knee slightly bent as to lift the heel from the ground and cause the anterior part of the foot to strike against obstacles in his path. Doubtless the tripping-up which proceeds from inability sufficiently to voluntarily bend the foot, and thus clear the ground over obstacles, is common to both feet, and, doubtless, on most occasions of tripping, the patient recovers his balance and does not fall. But in these cases there occurs often a sudden involuntary augmented contraction of the gastrocnemius which causes sudden bending of the knee and a violent prosternation of the individual. In our patient this occasional sudden giving way of the knee and a consequent fall is referred only to the left knee, because the left limb, being the more severely affected in its innervation, is the one more liable, pathologically speaking, to play him false. I may remark, that many adults affected with talipes equinus have informed me of their occasional liability to have the knee "give way suddenly, with a jerk, forwards," whilst descending stairs, or a sudden stiffening of the limb, alarming them lest they should be precipitated to the bottom. There can exist no doubt that this peculiar giving way of the knee is the result of disordered innervation of the muscles, removing them temporarily from the proper control of the will, as in the jerking movements in other forms of spinal or cerebro-spinal diseases.

An examination of the limbs above the knees shows that the thigh muscles are fully developed, the adductors, especially the adductor longus, in both limbs, being tense and hard, and offering opposition to full abduction of the extremities. He complains also of one hip being dislocated, as he has been told. This part of the case when examined into reduces itself into a somewhat greater prominence of the trochanter on this side than the other, probably from some inequality of muscular and bony development.

On testing further the capabilities of the feet singly when they are in use, it is found that he has not sufficient flexibility of either ankle, nor sufficient control over the muscles of the calf, to stand on either foot for more than a few seconds without resting a hand on a neighbouring chair. He is unable to hop lightly and naturally with either foot. A determined attempt to spring forwards on either foot causes him to lose his balance and risk a fall. As regards the mechanical configuration of the left foot we have in fact mainly to deal with talipes equinus verging on valgus (equino-valgus), and in the right foot with a smaller amount of that distortion, verging on varus (equino-varus), both arising from insufficient length of the muscles of the calf and of the Achilles tendons.

You have remarked that he stated that he was born lame. Now, as talipes equinus is very rare as a congenital affection, by far the greater number of such contractions having their origin later in life, about the time of the first teething from convulsive or paralytic affections, our attention was at once arrested to the case in order to determine its correct pathology, and this aspect of it is sufficiently in-

teresting as well as instructive to you to induce me to dwell upon it. From the physiognomy of the case, if I may so speak, I was enabled at once to suspect that this was one of the class of cases described by me in a course of lectures published in THE LANCET thirty years ago, a case of spastic rigidity and contraction of muscles apparently *arising at the moment of birth* from some disturbance in the act of parturition through which interference with the normal transition from placental to independent existence results. Some of you who saw the patient with me on his first application heard me, amongst the several inquiries which were made, ask him whether he had ever heard his mother say anything respecting his birth. In the satisfied and prompt manner of persons of his inferior station of life, he replied that, "Mother said she could have put me into a pint pot when I was born." It was obvious from this fact that he was what is commonly called "a seven months' child," and that having come thus prematurely, and in all probability with undue celerity, into the world, the transition from uterine existence to that of the outer world had been thus abnormal. You are aware that many infants thus prematurely and disadvantageously launched into the more troublous extra-uterine life of the species sink at once, are said to be still-born; others, I suspect a minority, receive little or no shock to their system, and are reared not without much care, and present in after-life no evidence of the hard lines they had to endure, or of the risk to which they were incontinently exposed. A third lot of prematurely born children do not escape almost the direst misfortune which can afflict a human being, that of being doomed for life to some organic injury of the central organs of the nervous system.

> "Deform'd, unfinish'd, sent before my time,
> Into this breathing world, scarce half made up,
> And that so lamely and unfashionable."

Comparatively happy is the condition of the individual when the resulting injury of the nervous centres is only sufficient to produce such a case of lameness as we are considering to-day. Often the injury extends to the production of serious paralysis and spasm of all the voluntary muscles ("spastic rigidity of new-born infants" of the author), and imbecility and idiocy in their various degrees.

Now you will naturally desire to know more fully in what manner the serious consequences to the nervous system of the child appear to be brought about by its premature birth, and indeed, it may be added, by any serious interference with the natural course of labour.

It has been my good fortune, since I first discovered the relationship of certain distortions to circumstances affecting the infant during the act of birth, to have been afforded the opportunity of investigating the history of many hundreds of these cases. I may premise that for many years I have been able to distinguish them mostly at a glance from distortions of similar form but of different origin, and that they are totally different from ordinary congenital club-foot and other congenital distortions and malformations. They are also distinguishable from the great mass of infantile paralysis and infantile spasmo-paralysis and their resultant contractions. Now and then, but very rarely, a case of infantile spasmo-paralysis presents itself so similar to the "spastic rigidity of new-born infants" as to form an exception valuable as proving a rule. The rare occasional cases I allude to as occurring after birth, during infancy, say between the ages of nine months and two or three years, are the instances of general spastic distortions of a large part of the muscles and articulations that have followed alarming well-marked acute attacks of cerebral and spinal inflammations (cerebritis, meningitis, myelitis), with more or less well-marked convulsions. If I am correct in assigning such cases as the one we are considering to-day to causes operative at the moment of birth, you will, as I proceed, understand how it is that cases of most severe cerebro-spinal contractions and distortions, "the general spastic rigidity of new-born infants," are related to and are referable to similar secondary pathological states of the central organs of the nervous system, though occurring at periods of life so different as that during transit through the maternal passages (birth) and that of the infant who has attained the age of ten or twenty months or more (dentition).

Amongst the causes of "spastic rigidity of new-born infants," I may indicate premature birth as apparently the simplest, and probably the most frequent, cause. Descent of umbilical cord before the head of the child, its entanglement around the neck, breech presentation, the operation of turning, half drowning in maternal secretions through neglect at birth, are common causes of asphyxia neonatorum, and are sometimes followed by injury of the central organs of the nervous system and consequent distortion; as are also delivery with forceps, prolonged detention of the head in the pelvis, &c. "Spastic rigidity and contraction" of few or many muscles of the extremities of the trunk, of special organs in addition, as of the eye or larynx, appear to result as the direct consequences of asphyxia neonatorum. I believe I have seen occasional cases of spastic contraction of a single member following a history of abnormal birth, but the vast majority of the cases with this history present the more considerable forms of spastic rigidity.

Positive mechanical damage of the cranium and contents induced by severe instrumental labours, when not fatal to the life of the infant, induce a state of suspended animation of the infant, "asthenia, apnœa, or asphyxia neonatorum," followed sometimes by "spastic rigidity of new-born infants," atrophy of cranial and doubtless of vertebral contents, followed more frequently by severer injuries—hemiplegic and other forms of paralysis, imbecility, idiocy, distortion of skull, of mind, and of body.

To revert to this particular patient. You heard me to-day, during an interview with the mother, ascertain from her that my supposition as to the premature birth being the particular form of abnormal parturition under which our patient came into the world was correct. She told us that the child was born at seven months, that the final act of labour was sudden, that the child cried at birth, but was so small and feeble that the obstetric attendant told the nurse to wrap the child in a cloth and lay it aside, because it could not live, and was surprised the next day to find it had rallied. The mother informed us, in answer to my question whether the child at birth was pale or dark, that it was dark-coloured, and that it remained dark a long time.

In itself, premature birth, regarded physiologically, includes the idea of unfitness on the part of the pulmonary and circulatory organs to take on suddenly, and therefore unnaturally, the functions devolving upon them. The development of the respiratory tracts of the upper portion of the medulla spinalis and oblongata concerned in the vital processes of blood changes in the heart and lungs, and in the physical structure of the heart and lungs themselves, and the development of the muscles concerned in the mechanical process of breathing, are probably incomplete.

In our case of to-day the interference with the breathing of the infant at birth, whether due to unpreparedness of the infant's organs for independent existence or to any mechanical obstacle, was indicated by the purplish lividity of the cutaneous surface and its rapid fall in temperature. However, the ability to suck on the day after the birth, the relatively small amount of permanent muscular disturbance, almost confined to the lower extremities, and that of the least severe form of rigidity and contraction, the absence of protracted insensibility to stimuli of the new-born infant, the absence of convulsions after birth (as also stated by the mother), show that the asphyxiated condition of the infant at birth was only partial, though adequate permanently to injure the nervous centres. Our patient of to-day stammers in some degree. We may have occasion to show you during the present season cases illustrative of the more severe forms of escape from immediate death (still-born) resulting in various degrees of impairment of the muscular system, giving rise to more or less universal spastic rigidity and loss of correct volition of all the voluntary muscles, including those of the eye (strabismus), of the vocal apparatus (stammering in its various forms), difficult deglutition, the intelligence often remaining perfect, at other times being feeble (imbecility), or altogether absent (complete idiocy).

You may expect me to glance at the pathological changes in the brain and spinal cord which the asphyxiated condition induces, such as may either kill at once by wholesale apoplectic effusion (as in many still-born cases), or impair the function of the nervous centres by the resulting more or less considerable atrophy of nerve tissue. Or the lesion may consist of more or less diffused "capillary apoplexy," a

state rarely completely recovered from, if we may judge by the results offered to us in the numerous instances of spastic rigidity and contraction of new-born infants afterwards presented to us at all ages.

In pondering upon this subject, do not forget that in the cases of apnœa, syncope, or asphyxia neonatorum, there are not only the congestions of the nerve tissues and sometimes the effects of capillary or more wholesale apoplectic effusions to be encountered, but also the effects of the apoplexy in inducing the various forms of disorganisation, such as the violent escape of blood from the vessels may engender—myelitis, arachnitis, meningitis, and effused products.

It is well to mention that the mother stated that during her pregnancy with the subject of our remarks, she menstruated very freely three times during the first stage of gestation, and that an older son who accompanied her here was also prematurely born. On a future occasion we may venture an opinion upon the possible *modus operandi* of such abnormal uterine discharges in the production of distortions, and on a possible connexion between the liability of some women to premature parturition and the susceptibility of the seven-months' child to disorder of the nervous system. It has several times happened to me to be consulted in cases of "spastic rigidity from asphyxia neonatorum" in families where more than one child was a "seven-months'" one, that had not suffered from its premature birth. It may occur to some of you to inquire whether the spastic rigidity I have described, instead of being the direct product of abnormal parturition and consequent production of asphyxia, apnœa, or syncope at birth, may not proceed from some cause operating during a comparatively early period of embryonic existence. I may admit that there are imperfections in the infant at birth which may be attributed to circumstances of the relation of the mother and embryo at an early period of gestation. I exclude from our present consideration ordinary congenital club-foot and allied deformities.

Amidst so many forms of abnormal parturition as I have enumerated, there stands out one important fact, that whatever be the form of abnormal parturition during which the child comes into the world, the state of asphyxia, apnœa, or syncope of the child at birth—for by these different terms the semi-still-born condition has been described—is present.

A state of partially suspended animation at birth, with purplish discoloration of skin, with pulselessness and rapid fall of temperature, I regard as the state of asphyxia neonatorum.

The only direct light shed by morbid anatomy on the non-fatal cases of abnormal parturition and asphyxia is derived from the fact that capillary or larger apoplectic effusions are commonly found in the fatal cases. There is further the indirect fact that in fatal asphyxia from drowning, from choke-damp, from the collapse of malignant cholera, capillary apoplexies are found; whilst in recovery from some of these forms of asphyxia, disordered innervation of the muscular system (paralysis) and other cerebro-spinal ailments (childishness, imbecility, insanity) have resulted. I am far from asserting that there is not still much to be learned by further investigation of this recondite subject. In this patient the mischief appears to have been almost confined to the spinal cord.

Obstetric physicians who have practised in hot climates have often written of trismus neonatorum—a disorder which is commonly fatal a few days after birth. The question has sometimes occurred to me whether some of the cases of spastic condition I have witnessed may not represent a partial permanent tetanic state of the affected parts, and whether some of the cases described as tetanus of new-born infants may not have been cases of disorder of nervous centres set up by the accidents of birth.

A few parting words as to the surgical treatment of the consequences of such disorders produced by abnormal parturition. The slighter the amount of spastic rigidity and contraction of muscles the greater, relatively and absolutely, is the benefit we can confer. Our patient of to-day applies to us to relieve his increasing lameness dependent upon increasing inability to bear the weight of the trunk, and increasing soreness of the anterior portion of the soles of the feet upon which, when standing or walking, he mainly impinges. In the left, the more affected foot, the tendo Achillis, by its greater retraction, has more powerfully held up the back portion of the foot from contact with the ground. The man has, from necessity of earning his living by hard labour, caused his foot to give way to some extent at the tarsus, producing some amount of flat-foot and the consequent weakness of that complaint. Perhaps some undue tension of peronei muscles has contributed to this complaint. We know from experience that in such adult cases there is no relief to be obtained without the aid of "tendon-cutting." We might as well attempt to bear down before us a vigorous oak of twenty years' growth with our hands, without division of its larger roots, as to compel the heels of our adult patients to properly touch the ground and obtain firm support and flexibility of ankles with the aid of springs, irons, and other mechanical contrivances, manipulations, &c., without preliminary tenotomy.

I advise you to be very chary of tenotomy in active spasmodic contractions, especially where large numbers of muscles are involved. When in so favourable a case as the present one tenotomy is resorted to, the surgeon should be careful not to cause too great separation of the divided ends of the tendons. He should do as you have seen us do to-day—so fix at rest, after tenotomy, the ankle- and knee-joints by means of splints, that the patient may not, by incautious bending of the ankle or straightening of the knee, too far separate the divided ends. When undue elongation of the tendo Achillis has been brought about, you will find the muscular mass of the gastrocnemius often shrunken and retracted higher towards the popliteal region than natural. I have seen the calf reduced in length to one-sixth of the distance between the heel and popleo, instead of its being two-thirds or three-fifths, as in sound people. The tendo Achillis is in such cases proportionally elongated. When thus unduly elongated, the tendon may yet retain the natural thickness. Sometimes it has become a thin, flattened, unduly elongated tendon, representing an artificially attenuated gastrocnemius and tendon,—leaving the operation not only an unsuccessful one, but the patient weaker than before and prone to talipes calcaneus. With proper after-treatment we can promise our patient a good result as to relief from the structural shortening and contraction. By careful gradual extension of the knee and bending of the ankle, so as to obtain sufficient lengthening of the Achilles tendon *and no more*, we shall ensure his treading fully and fairly upon the heel—the portion of the sole best adapted, by reason of the natural, firm, elastic, fibrous, and adipose cushion at the part, to bear a large share of the weight of the body in standing and walking; at the same time we shall have retained the existing power and volition of the gastrocnemius intact. A similar result was obtained here in an adult case treated by Mr. Carr Jackson, and discharged a few weeks ago. We know of no means of *curing* the damaged condition of the spinal cord or brain in these cases: we can only mitigate its consequences.

[This patient was discharged from the hospital Jan. 1873, walking firmly and well, free from foot-deformity and contraction, and much gratified with the change in his condition. A very small addition to the length of the Achilles tendon, certainly not more than half an inch, had sufficed for the attainment of the desired result.]

ENFORCED ALIMENTATION OF THE INSANE.

BY D. ANDERSON MOXEY, M.D., M.R.C.P. &c.

I AM much gratified to find that the method of feeding by the nose which I have advocated in THE LANCET provoked a somewhat lively discussion. The practice of artificial feeding, whether by force or otherwise, is as yet almost confined to lunatic asylums; hence the commentators on my remarks are chiefly medical superintendents of these institutions. Naturally enough, I suppose, some of these gentlemen are rather intolerant of my presuming to bring forward a subject which they conceive belongs essentially to their specialty. Although I might, on the one hand, demur altogether to this view of the case, or allow it on the other, at the same time claiming for myself a long-

continued and continuous acquaintance with that specialty, I prefer to avoid class prejudice by stating at once, that the intention of my remarks was not so much to influence the procedure of alienists, as to enlist the favourable consideration of general practitioners of medicine. Appropriate cases for artificial feeding are of more frequent occurrence in the practice of the latter, and the results to be expected therefrom are consequently much more important to the patient, and to society at large, than can be the case in asylum practice. However, as it is by psychological physicians that my opinions and practice have been judged, my answer must necessarily refer to the forcible feeding of the insane. Such a theme, to be discussed in its entirety, would take up no little space; accordingly I cannot hope to do more at present than defend nasal feeding by the particular method I have recommended, against all methods and systems of forcible feeding by the mouth. I must defer to another opportunity the larger and more important question of nasal feeding in general practice, as well as a vindication of my system of making the nostril and œsophagus the funnel and tube to the stomach in preference to all intra-nasal appliances.

I may utilise the late correspondence by tabulating the following plans of artificial feeding, as the methods in general use in lunatic asylums at the present time:—

I. Mouth-feeding, or *forcible* alimentation,
   (*a*) With the stomach-pump;
   (*b*) With an œsophageal tube.
II. Nose-feeding, or *enforced* alimentation,
   (*a*) With an intra-nasal tube—
      (1) Above
      (2) Within } the grasp of the constrictors;
      (3) Beyond
   (*b*) Without any intra-nasal appliance.

To the above I append the following list, as embracing the various objections urged in the recent correspondence in THE LANCET against my method of nose-feeding, which is the last of the above list.

1. It is "unscientific."
2. Nasal mucus is mixed with the food.
3. The Schneiderian membrane is apt to be injured,—
   (*a*) By the funnel;
   (*b*) By the potion.
4. The tube formed by the nostril is less in calibre than a large œsophageal tube; hence the administration is necessarily slow, and thick aliments—such as "mutton mashed to a pulp" and "thick custard"—cannot be administered.
5. Pain of swallowing is almost intolerable.
6. Danger of choking, and fatal spasm of the glottis.
7. Great attention and experience required in "allowing time for the proper action of the muscles of deglutition," and in keeping time with the respirations.
8. Impropriety of the supine posture.

In the first place let me dispose of the above objections, a task as easy as the objections are groundless.

1. "Unscientific" is one of the uncomplimentary terms used by Dr. Clouston in contrasting my plan with his favourite stomach-pump procedure; hence we must suppose that the forcing of food down an artificial tube into the stomach is a more scientific process than the gravitation of food through the natural tube formed by the nostril into the pharynx, whence it is conveyed to the stomach by the natural function of deglutition. Or, are we to assume that it is more scientific to force open a struggling patient's mouth, whose upper incisors probably overlap the under to the extent of half an inch, with Weiss's "neat but most effectual little instrument," which, let me at once state authoritatively, could not be forced into a *resisting* patient's mouth without serious injury to his teeth, gums, lips, or all together?—are we to assume that a desperate scene such as this dose and must necessarily entail, in the case of a strong determined patient, is more scientific than making use of the open and non-resisting aperture which the nostril temptingly presents to us, where no force whatever is required, as the patient possesses no power of resistance over it? Or is it the bright flash of the neat little steel mouth-opener, or the glow of the polished brass stomach-pump, that dazzles Dr. Clouston's eyes? Or, rather, is it the wonderful play of the ball-socket principle as the screw of the mouth-opener unfolds its blades, or the marvellous action of the piston and cylinder as the stomach-pump comes into requisition, that warps his judgment, and forces him to class as unscientific anything less complicated and unnatural?

2. The second objection is confined to Dr. Clouston, and I think it is likely to remain with that gentleman. In writing of the small wedgwood funnel I use, he remarks that it "of course fills the whole nostril" (from stem to stern, I presume), "tickles the Schneiderian membrane, mixes the food with nasal mucus, and is easily blown out by any patient who had the least sense or ingenuity left; all which results" he has "proved by repeated trials, besides having once nearly choked a patient, in whom the liquid got into the larynx, causing spasm of the glottis." Had Dr. Clouston read my first essay on Nose Feeding, in THE LANCET for March 20th and 27th, 1869—had he even mastered the contents of the article he professes to criticise, he could never have spoken of the wedgwood funnel as "filling the whole of the nostril, tickling the Schneiderian membrane," and being "easily blown out" by the patient, when my directions as to its use are expressed in the following terms: "Gently introduce a small smooth wedgwood funnel within, and only within, one of the nostrils, holding it there lightly and without pressure during the entire administration, remembering that it is used merely as a convenient medium to supply the food to the nostril." Then, again, how could a wedgwood funnel mix the food with nasal mucus? A wedgwood funnel is not an automatic machine; and, even if it were, I don't see how its mixing functions could well come into play while at the same time it filled the nostril! Once more, as to the "blowing out"—proved, too, "by repeated trials." What marvellous patients Dr. Clouston must have! To blow a wedgwood funnel out of the nostrils—when full, too, of liquid nutriment! They must have chests as deep and strong as that of the great god Thor. I am tolerably well known in the profession and elsewhere as the possessor of what in ordinary parlance are called "strong lungs." Lying on my back, I have tried this "blowing" feat; but my whole "vital capacity" was impotent against the weight of the small wedgwood funnel, even when it was empty. But, in the most violent cases, I find that even the contents of the funnel are but seldom and very slightly interfered with by the forced nasal expiration of the patient. In fact, *a man cannot blow and swallow at one and the same time*; and everyone who has practised nasal feeding knows how completely, in spite of himself, the swallowing engrosses all the patient's power and attention. On this point I remarked in my last article: "The reflex acts of deglutition, infallibly excited and vainly resisted, which follow the transmission of liquids through the nares into the pharynx, come so thick and fast that a rest now and then is necessary." It is only during these rests that the patient could disturb the contents of the funnel, but then the very rests result from the funnel being empty! I will admit, however, that now and then, by violent efforts, the patient, if very strong and determined, will manage to sputter a little of the fluid out of his mouth. But even this is completely under the operator's control by one or both of two simple expedients, which Dr. Clouston might have learnt for himself from my first paper, and which would have saved his face and clothes from the mixture of fluid nutriment and nasal mucus that saluted them in his "repeated trials."

To recur to the *nasal mucus* objection (supposing it to be possible that nasal mucus could get mixed with the nutriment inside of a funnel which, *à la* Clouston, filled the whole nostril), it seems to me at least vexatious and puerile to import such a very immaterial consideration into the discussion. In the first place, how much mucus is likely to be in an ordinary man's nostril at any given time? Then, again, can that small quantity—or, for that matter, any quantity—of a man's own nasal mucus injure his digestion even if it do get into his stomach? I trow not. Indeed, I am inclined to believe that every one of us swallows unconsciously during sleep, every night, more of that dreaded mucus than finds its way into the stomach of the most violent patient during the most lengthened nasal

feeding. It is probable that for a considerable portion of their protracted lives our first parents did not use pocket-handkerchiefs, and it is more than probable that their digestions did not suffer in consequence. I therefore dismiss, as unworthy of serious consideration, this ingenious objection.

3. As to injury to the Schneiderian membrane by my system, which is an objection started even by those who approve, as a whole, of nasal feeding, by following my directions such cannot result from the funnel. I insert its extreme end only within the nostril, barely letting it touch the mucous membrane; and, as I rest the hand that holds the funnel lightly on the patient's face, any sudden movement of the head would carry up both hand and funnel, and thus prevent either of them inflicting an injury. Nor is it found that injury accrues from the contents of the funnel; nor have I ever known a potion, containing either medicine or nutriment, cause anything approaching to pain. Most of my readers have probably experienced the sensation of blood running into the pharynx from the posterior nares in epistaxis; or else, in bathing or diving from a height, have known what it is to have the water driven through the nostrils into the pharynx. From personal experience, I can affirm that nasal feeding, with any potion that can ever be required, causes no more discomfort than these. In fact, although the nasal mucous membrane is highly intolerant of aught solid, such as the passage of a tube through the nares, yet you may administer through the nostril pints at a time of any kind of food or medicine, including brandy, wine, ammonia, thick custard, and mutton mashed to pulp, without causing the eyes to water or the Schneiderian membrane to smart. I state this, not only from having witnessed it in every case I have operated upon, but from experiments performed on myself, and detailed in my first paper.

4. These objections relate to the supposed smaller diameter of the natural tube, constituted by the nostril, than of the artificial œsophageal tube furnished by the instrument maker. The objection, were it true, would doubtless be a valid one, inasmuch as the thicker potions, such as thick custard, and mutton mashed to pulp, are really what Dr. Clouston calls them, the "stand-bys" in artificial feeding. But it is not true, the capacity and capabilities of the flexile and distensile nostril being as great or greater than the largest œsophageal tube that can be used with safety, so that the administration of any variety of potion is actually more rapid and more perfect by my system than by any other. What is of more importance is the fact alluded to in both of my papers, that, in the case of a violent patient, the refusal to take food in the ordinary way is seldom, I might say never, extended beyond three or four administrations; the absolute impotence of the patient after his body, limbs, and head are controlled, being not only so palpable to his senses, but so humiliating to his vanity; whereas in the oral administration there remains the luxury of a stout resistance by the maxillary muscles after all other movements are controlled; and the grinding of the neat little mouth-opener, or key, as one gentleman innocently styles it, and the gnawing of the "small gag" with which, "for safety's sake in a bad case," Dr. Clouston is obliged to supplement it, form a seldom-failing incentive to future resistance, and doubtless explain many of Dr. Clouston's "prolonged" cases.

5. The pain of swallowing is "almost intolerable": so says Dr. Tuke. Query: Has he ever tried it on his own person? My answer is: I have so tried it, and there is absolutely no pain whatever. Dr. Tuke backs up his statement by instancing a French surgeon who, thirty years ago, recommended this mode of feeding as a means of "intimidation," not being, as he himself says, "deterred" by any *douceureuse* philanthropy. It was probably the comparative ease with which he conquered violent patients by this method that made him assign pain as the only possible cause of so unusual an effect. As a set-off against Dr. Tuke's story, I have been told that direct nasal feeding, without an intra-nasal tube, was first tried during the period anterior to the non-restraint treatment of insanity, by two attendants, or keepers, as they were then not inappropriately termed, who, in devising fresh expedients wherewith to "serve out" a troublesome patient, and, like Dr. Tuke's French surgeon, not being inconveniently troubled with bowels of compassion, bethought them of sending liquids through the nostril as a nice refinement on the cruelty they could practice so readily with the old-fashioned stomach-pump and its inquisitorial-looking surroundings. To their amazement, and no less to their disgust, they found that no "sport" whatever was to be got out of the new procedure. The patient would not even yell during the administration; and some of the intended victims begged for a repetition of the nose-feeding in preference to the œsophageal tube infliction. The two keepers relinquished the practice, and treated it with the contempt its merciful character ensured it.

6. As to all doubts and tribulations concerning choking, liquids getting into the larynx, and spasm of the glottis, to guard against which tubes have been specially constructed, I can only say that with my method such fears are, in practice, groundless. But to secure my results the system must be carried out in its entirety, as detailed in my first article on the subject, and the next gentleman who attacks me in THE LANCET will, I hope, first read that article; he will thus commit fewer mistakes, and lay himself less open to correction than has Dr. Clouston in his, I imagine, hastily written letter. This is a point, however, that is quite set at rest by the experience (varying from two to thirty years) of Drs. Hitchman, Stiff, and Hyslop, who have with invariable success fed insane patients by this method of alimentation.

7. This objection may be characterised as the excessive precautions required in the administration. Great attention and experience, it is said, must be required in allowing time for the proper action of the muscles of deglutition, and in keeping time with the respirations. These are difficulties conjured up and assumed by those who have never tried the plan, or, having tried it, have failed through not paying attention to the simple directions laid down in my first essay on the subject. Instead of being difficult of application it is the simplest and easiest both to patient and administrator of all methods. My practical rule is never to let the potion accumulate in the funnel as long as the patient swallows quietly, without attempting to sputter out of his mouth; the moment he does that, by increasing the rapidity of administration, he is put "out of breath," and swallows convulsively and with a grave apprehension that in another minute he must infallibly choke. I may here remark parenthetically that this feeling, although very disagreeable and alarming, can never by any stretch of the imagination be termed painful; nor have I ever known the dreaded result really follow, even in the slightest degree. In fact, the operator would only push this treatment far enough to cause one or two convulsive acts of deglutition, and immediately recur to the slower administration, or rest altogether till the patient recovered breath. The doing of all this is really simpler and easier than the description, and seems to me just what one would adopt under the circumstances. As to any mechanically timed, or rhythmical administration, such as Dr. Tuke's remarks would lead us to infer as necessary, the whole thing is as easy, simple, and straightforward as A B C, and such precautions are never thought of because never required.

8. Impropriety of the supine position. This is another of Dr. Clouston's objections. Indeed, he lays it down as an axiom that "during feeding by any process whatever the patient should always be in the sitting posture, not lying down." This is one of those heroic statements that look well on paper, and will at once be accepted by those who, without having seen the thing tried, fancy that liquids sent through the nostril must, almost of necessity, run straight into the larynx. It is, however, as we shall presently see, one of those sweeping assertions that are principally distinguished by the numerous exceptions to their applicability. It seems to me a question that admits of argument whether, putting out of view the convenience of the sitting posture at meals, we would not run less, instead of more, risk of sending food the wrong way if we swallowed it while in the supine position. At all events, I see no anatomical or physiological reason to suppose that the horizontal posture predisposes to laryngeal invasion, either in the case of oral or nasal feeding. Reasoning on this point, however, is unnecessary when practice so easily solves the doubt. Whatever may be the dangers with some of the intra-nasal appliances (and one of Dr. Tennent's cautions respecting the use of the catheter in the Fever Hospital at Glasgow as a feeding tube is not to pass it into

the larynx), with my system I have never experienced any difficulty in this respect. Swallowing being thus as safe in the supine as in the sitting posture, we can now investigate the other bearings of Dr. Clouston's axiom. To do so, let us take the subject of the paper Dr. Clouston criticised—the powerful murderer determined to starve himself to death before the hangman's rope was round his neck. Will Dr. Clouston tell me how he would have got the head of that desperate man steady in a chair, or anyhow in a sitting posture—so steady that during the forcible introduction of the œsophageal tube, or afterwards, he would have been unable to move it sufficiently to lacerate, or even to abrade, the mucous membrane of the fauces or œsophagus, or the stomach itself? Dr. Clouston simply could not have done it. But by my method the head, neck, and body of the strongest man living can be absolutely controlled. In this case, then, the carrying out of Dr. Clouston's axiom would have been tantamount to injury certainly, to death probably; that is, supposing his favourite instrument, the stomach-pump, had been used.

Another point in favour of the supine position in the enforced alimentation of violent patients is, that the act of deglutition is more instantaneously excited and forcibly exerted than in the sitting posture. This is a fact that anyone can observe for himself, and is a desideratum in an obstinate case of suicide. Again, take the case of a typhus patient who is in the last stage of prostration, and who, from real inability, or as the result of delusions, cannot be got to swallow. To force food on such a patient by the mouth would be to kill him outright; to raise him into the sitting posture, and pass an india-rubber tube through his nostril as far as the fauces, Dr. Clouston's only alternative, would be to kill him a little more slowly; but to practise my system while he lay on his back, which is the position of prostration, and the one in which we should undoubtedly find him, would be to give him the best chance of life under the circumstances. Here, again, Dr. Clouston's axiom, and stomach-pump into the bargain, are both at fault. I might easily multiply instances which would convert Dr. Clouston's axiom, promulgated with all the dictatorial emphasis of an *ipse dixit*, into a very rare exception instead of the invariable rule. I am content, however, to rely on the cases I have just adduced.

In conclusion—and although this communication has reached a greater length than I intended, there are many points I have been unable to overtake, which, almost in justice to myself, ought to have been referred to—I may state it as not only my own conviction, but that of several gentlemen who have witnessed my practice of feeding by the nose, that the reason for most of the foregoing objections to it is to be found in the inability of gentlemen, accustomed for so many years to complicated arrangements of tubes, pumps, and syringes, to conceive the possibility of such a simple plan having any merit in it. This incredibility finds expression, even from those who approve of the nasal administration as a general rule, but cannot accept the simplicity of the funnel, in the term "unscientific"; but, for my part, why a solid body like a tube should be passed through the nostril, thereby causing irritation and diminishing space, when the liquid food has only to be allowed to trickle into the nostril, and to run through it by virtue of gravitation, in order to be swallowed instantly, easily, safely, and naturally, puzzles me as much to comprehend, as that the nostril itself is not scientific, and a flexible tube is! Such an idea is nearly, but not quite, on a par with the reason assigned by Dr. Rogers, of the Lancashire County Asylum, for his preference of the oral over the nasal plans of forcible feeding—namely, that "the nostrils were made for breathing, and the mouth for feeding." It would be hazardous to suggest nutrient enemata to this gentleman, as we might be told that the rectum was made for fæces, and not for beef-tea!

Turnham-green, W.

AT an inquest held at Hampstead a few days ago on the body of a young woman who died of hydrophobia, after having been bitten on the hand by a strange dog, the jury desired the coroner to forward to the Chief Commissioner of Police a request that he would take steps to abate the great danger and nuisance caused by stray dogs roaming about the streets.

ON

AN IMPROVED METHOD OF EXAMINING AND SURGICALLY TREATING THE FEMALE RECTUM.

BY HORATIO R. STORER, M.D.,

SURGEON TO ST. ELIZABETH'S HOSPITAL FOR WOMEN, CONSULTING SURGEON TO THE CARNEY GENERAL HOSPITAL, AND FORMERLY PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN IN BERKSHIRE MEDICAL COLLEGE.

IN THE LANCET for 18th January, 1873, Mr. Christopher Heath devotes a considerable portion of a first lecture upon the diseases of the rectum to a description of the various methods of examination of that canal. It is not unreasonable to presume that a surgeon of this gentleman's reputation should have stated in the above paper all the methods with which he was personally familiar or that are ordinarily employed in Great Britain. Such being the case, the mention of what will be found to constitute a very decided practical advance in rectal diagnosis and the possibility of exact localised treatment may prove interesting to English medical men. The present communication is written, it should be stated, at the instance of Dr. Henry Bennet, under whose care the writer has been passing the winter at Mentone, and by whom, despite his experience in pelvic examination and familiarity with what has been published upon the subject, the procedure referred to had been hitherto unknown.

Mr. Heath, in his lecture, after speaking of the advantage of administering an enema previous to examination, and having the patient force out the lower gut by subsequent straining, mentions the ordinary digital method, employment of the common anal specula, and that of the endoscope. He says also that it is advisable in examinations of women to pass the finger into the vagina as well as the rectum, since "a rectal stricture, for instance, can often be much more thoroughly examined through the vagina than is possible if the examination is confined to the rectum itself." Here, however, he stops, just short, it will be perceived, of accomplishing the manœuvre now to be described.

For many years I have been in the habit of attaching importance to the condition of the rectum in uterine cases. My attention was first drawn to their correlation by Sir James Simpson during my residence in Edinburgh in 1854-56, and it was subsequently increased by Mr. Baker Brown's admirable chapters upon the effect of morbid conditions of the rectum upon uterine disease and of those of the uterus upon rectal affections. Finding the ordinary methods of exploration, such as Mr. Heath has described, tiresome, imperfect, and in every way unsatisfactory, it occurred to me that *eversion of the anus and lower rectum by digital pressure from within the vagina* might give better results, and such has proved to be the case.

As I have described the process at some length in a series of papers upon the relations of the rectum to uterine disease, published several years since in the *American Journal of Obstetrics and Diseases of Women and Children* (New York), and have also spoken of it in the *Journal of the Gynæcological Society of Boston*, it will be unnecessary here to do more than state some of the results that it enables us to obtain. As to the manner of effecting the eversion, it is only requisite, the patient being upon her side, to introduce the finger into the vagina a sufficient distance, and then to press steadily backwards and downwards upon the sphincter ani; this muscle will relax in consequence, and allow the rectal wall for a large portion, and in some cases the whole of its circumference, to turn itself outwards through the anal orifice, very much like the everted finger of a glove. Should the sphincter ani be hypertrophied or irritable and resistant, as in some cases of fistula, &c., and digital pressure from within the vagina prove insufficient to produce eversion to the extent that is desired, it may at once be accomplished by previously rupturing the sphincter by rapid dilatation with the thumbs, as suggested by Récamier for the treatment of anal fissure. This is a very simple procedure, unattended by any subsequent ill-effects,

and I have now resorted to it for many other indications and in a very great number of cases.

1. *Artificial anal eversion for purposes of diagnosis.*—Every one familiar with rectal surgery knows how important it is to get at the precise character and extent of the existing disease, whatever that may be, and that it cannot be accurately effected by the touch alone. Were the rectal mucous membrane unbroken by folds this remark would still be true, but rugous as it is, the most skilled touch will often fail to detect quite extensive lesions. The laryngoscopist who should undertake the discovery, much more the differential diagnosis, of his special class of affections by the finger would be justly laughed at, and attempts to treat them through specula as awkward and unsatisfactory as are the best forms employed for the rectum would be considered even more blameworthy. It will probably not be long before the usual methods of rectal manipulation are considered just as unsatisfactory by surgeons.

By the method now described, one is able to ascertain the exact position of the internal orifice of fistulæ—upon the necessity of discovering which Mr. Heath lays much stress in a subsequent lecture (THE LANCET, Feb. 22nd, 1873), although he can only suggest "hooking" for it by a bent probe,—the site and extent of ulcers, whether specific or otherwise, the attachment and character of internal hæmorrhoids, the presence of minute foreign bodies that may have become imbedded in the mucous membrane during their passage from above, &c., to an almost indefinite extent.

2. *Artificial anal eversion for purposes of treatment.*—The extent of the new field here opened to the surgeon is even greater than that already stated. In addition to the fact that he is enabled to perform the usual operations with greater exactitude, such as cauterisation by acid nitrate of mercury or the hot iron, without injuring contiguous healthy membrane, as is else almost necessarily done; the excision of internal hæmorrhoids, which is so preferable in every respect to ligation, now that even the slightest risk of subsequent concealed hæmorrhage can be so surely prevented, &c.,—it becomes easy to accomplish others hitherto almost impossible, at least so far as the obtaining a perfectly successful result. Take, for instance, imperforate anus in the female. In these cases, the pouch of meconium at the extremity of the gut almost always projects against and beneath Douglas's fossa. It will be found that the infant vagina admits a finger without difficulty, and that by a little discreet pressure thereby from within the pouch can be so flattened and carried downwards that anal incision into it can be made infinitely more accurately than has yet been possible; and also that the most important step of all in the operation, the stitching of the extremity of the mucous membrane to the external integument, can be effected without difficulty. In cases where a congenital vaginal *cloaca* exists, the operation for its effacement and the completion of the natural canal can almost as easily be performed.

It is hardly necessary to refer to the cases, not so very rare, especially in the insane, where foreign bodies of large size have been introduced into the rectum, or to the very common ones of its impaction by hardened fæces. In both these classes, outward pressure from within the vagina accomplishes removal in a fraction of the time otherwise required.

It may be well to add, in the present paper, that visual exploration of the upper rectum, even for some distance within the sigmoid flexure, is perfectly practicable without the endoscope, and to a much greater extent than can be accomplished by that instrument, where the sphincter ani has been relaxed by forcible dilatation in the manner above referred to. A full-sized vaginal bivalve speculum, not the little anal affair referred to by Mr. Heath, can then be introduced without difficulty, and the upper portion of the canal is rendered as accessible for all purposes of diagnosis and operative treatment as the vaginal cul-de-sac itself.

This last hint will not be lost upon those engaged in the treatment of the rectum, and even prostate and bladder, in the male, for I have found that by forced anal dilatation, and the use of a large-sized vaginal bivalve, that of Cusco, for instance, it has become possible also to revolutionise practice in this direction, as well as in the treatment of women.

With regard to the priority of the suggestion of anal eversion by pressure from within the vagina, I may state that not only has it been new to the many physicians who have seen me perform it in hospital and private practice during the last ten years, but that no trace of it could be found among leading British and Continental gynæcologists by one of my pupils, Dr. Stone, now of St. Paul, Minnesota, whom I had requested to make special inquiries as to this point during a late trip to Europe.

Boston, U.S.

CASE OF RUPTURE OF THE LUNG, WITH HÆMOTHORAX.

Treated at the Royal Marine Artillery Infirmary, Portsmouth.

REPORTED BY

SURGEON ROBERT NELSON, R.M.A.

(*Communicated by* THE DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

RUPTURE of the lung without external wound or fracture of the ribs appears to be a surgical injury of extreme rarity, and the diagnosis of hæmothorax occurring under such circumstances may be extremely difficult.

A. B——, aged forty, a gunner in the Royal Marine Artillery, was, on the forenoon of the 20th of February last, employed as a labourer in digging a trench in loose gravelly soil. Whilst he was standing at a depth of fourteen feet from the surface the loose gravel suddenly gave way, and a mass of about six tons in weight fell into the trench, completely burying him up to the neck whilst he was in a standing position with his arms by his side. Although every effort was made and all appliances at hand, nearly half an hour elapsed before the unfortunate man was dug out. He was then in a state of total insensibility, almost pulseless, with laboured breathing and surface of body cold; from this state of shock, however, he soon rallied, and, although much exhausted, spent a fairly comfortable night in his own quarters.

Next morning he was admitted to the infirmary, when he was found to suffer from great exhaustion, cough, dyspnœa, and copious mucous expectoration of bronchitic character, but without blood; loud mucous râles were heard over the whole extent of the chest, which was clear on percussion, and both lungs were permeable in their entire extent; the temperature of the skin was 100° Fahr., and the pulse of fair strength, 86. There was no localised pain complained of, no signs of external injury to walls of chest and no fracture of the ribs detected. On the following forenoon, however (forty-eight hours after the accident), the dyspnœa greatly increased; and sudden pallor of countenance, anxiety of expression, sinking pulse, and cold clammy skin betokened a prognosis of the worst character. On the administration of brandy and ammonia, with sinapisms to the legs, reaction again set in, and, although the dyspnœa was severe and patient was unable to lie down in bed, the general appearance became much improved. The bronchial râles continued so loud that they were audible at several yards distant, and on examination of the chest a second time the whole of the right side was found to be completely dull on percussion, with absence of the respiratory murmur. He could not lie on either side, but sat bolt upright in bed. The respirations averaged 45 per minute; the pulse was of good strength, 90; but both varied considerably several times during the day. No bulging of the intercostal spaces was observed. The appetite was fair, bowels regular, pain not severe, and the dyspnœa did not seem to oppress the patient so much as might be supposed. The sputum continued copious and frothy, but now contained a few "rusty" pneumonic patches, and occasionally a little red blood, but at no time was there any considerable degree of hæmoptysis.

The patient continued in this condition until March 2nd (ten days after the accident), when complete exhaustion and symptoms of insufficient aeration of blood set in. When alone he rambled in speech. The cough all but ceased, the pulse gradually sank, coma supervened, and he died at 8 P.M.

A post-mortem examination was made twenty-four hours after death by order of the coroner. The body was that of

a healthy but not robust man. No external wound or ecchymosis of chest-walls; the right pleural cavity contained seventy-five ounces of dark fluid blood, with right lung collapsed to one-fourth of its normal size, firm in consistence, and containing but a small quantity of air. A transverse rent about an inch and a half long extended through the pleura pulmonalis, and for a short distance into the substance of the lung, on the external surface of the middle lobe. The pleura costalis was uninjured, and no fracture of the ribs existed. The left lung was emphysematous in a most marked degree, the air-vesicles in its upper third being ruptured and formed into cavities as large as a hazel-nut. The bronchial tubes showed signs of subacute inflammation, and were choked with frothy mucus. The surface of the heart was coated with a recent deposit of lymph; no fluid in the pericardium. Other organs healthy.

Remarks.—Rupture of the lung is rarely met with apart from fracture of the ribs or external injury to the thoracic walls. Erichsen states that it sometimes, although seldom, occurs; but I have been unable to find any reported case. The existence of *hæmothorax* in such cases is most difficult of diagnosis; the ecchymosis of the loins described by Larrey as almost pathognomonic was not present in this case, nor was there any bulging of the intercostal spaces, as might have been expected. It is undoubted that the extravasation of blood did not take place until the reaction from shock, cough, and dyspnœa set in, and brought the wounded lung into play, and that it then took place rapidly, as evinced by the pallor of countenance, approach to collapse, and *sudden sinking of temperature* which supervened on the second day of the injury. Although the wound in the collapsed lung appeared small, it must have been of very considerable extent in the inflated organ, and paracentesis would probably have induced hæmorrhage to an immediately fatal degree. In a more robust man, however, with less emphysema of the opposite lung, I presume that *empyema* would have resulted as a doubtful alternative.

CASE OF DIFFUSE HYPERTROPHY OF THE ADIPOSE TISSUE OF THE NECK.

BY CHARLES OLDMAN, M.B. CANTAB., &c.

As the diffuse form of hypertrophy of the adipose tissue confined to one region of the body, and without corresponding increase in other parts, is somewhat rare, especially in young people, I may be excused bringing the following case before the notice of the profession. Before entering fully into the details of the case, it may be remarked that the subject is barely noticed by some surgeons, and not at all by others, in their works on Surgery; thereby showing that instances are not very frequent. In Holmes's "System" (vol. i., p. 519) it is ranked among the tumours, and described as generally commencing in persons about forty years of age, and slowly increasing until it attain some uncertain size, and staying thereat; generally hardly amenable to treatment, but *sometimes* may be cured by the *long-continued* taking of liquor potassæ. Fergusson alludes to the frequency with which fatty growths occur in the subcutaneous cellular tissue of the neck, but refers probably to the encapsuled growths. (Prac. Surg., 5th edit., p. 573.) Bryant, in his Manual (p. 721), deals with the subject, but chiefly in reference to the encapsuled form; and, as regards treatment, advises removal of the encapsuled if cumbersome, but non-interference with the diffused. In other works, too, either no mention is made of this form, or, if so, no distinct line of treatment is indicated. I believe that Sir Benjamin Brodie was the first to try liquor potassæ for the removal of fatty growths, and, on hearing the anecdote relating to his discovery of this, I resolved to try it in this case, with the hope that it might be as successful as with him. The following are the notes of the case.

On Dec. 27th, 1872, I was called in to see A. L——, a girl aged twelve. The history obtained from her father was as follows:—One year ago he observed her neck gradually becoming large, but, thinking it was part of a general development of fat throughout the body, he took no further notice of it until June, 1872, when her mother remarked that "her dresses required a very long band to go round the neck." Still thinking that it was not very serious, he took no particular notice until the end of the year, when he saw that it was becoming very much larger, and that she appeared to breathe badly. This determined him to have advice.

On looking at the neck it was evident that the sides bulged out a good deal, more especially just below the ala of the thyroid gland, and narrowing towards the clavicle below and the larynx above. The enlargement was greater on the right side than the left. Neither heat, redness, nor tenderness on pressure indicated any inflammatory mischief, nor was there movement of the swelling during the act of deglutition, suggestive of "goitre," it being possible to define the gland in its normal condition. The swelling was smooth, even, painless, and soft to the touch, extending across the sterno-mastoid muscles on each side, occluding them from view even when put in action, thereby excluding any idea of glandular enlargement, but pointing solely to the adipose tissue as being the seat of the affection—a true hypertrophy. By pressure the growth interfered somewhat with respiration, and talking quickly or running caused her to make a crowing noise resembling laryngismus stridulus. In June, the tumour measured 13½ in. in circumference at the lowest part, the band of an old dress being the means of measurement, and on Dec. 27th 15½ in. at the middle of the neck over the thyroid gland, neither measurements being made where the swelling was most prominent.

As the swelling was rapidly increasing, the difficulty of respiration becoming aggravated, and there appeared no probability of its even becoming stationary, the question arose, how was it to be stopped? I first ordered the iodide of mercury ointment to be rubbed in night and morning on each side of the neck, and iodide of potassium to be taken internally; afterwards the vapour of iodine in the room the patient slept in, and the administration of the syrup of iodide of iron. After six weeks, although no diminution was detected, yet there was no increase, the iodine evidently controlling the growth. A galvanic chain was now worn round the neck, but as this made the skin tender and caused a herpetic eruption to appear, it was discontinued. On the 13th February the patient commenced to take the liquor potassæ in fifteen-minim doses three times a day. The result was most marked. On the 17th a diminution was perceptible, and on the 23rd the swelling measured only 14 in. in circumference, it having been reduced 1½ in. in ten days. After this date the diminution became more gradual and less noticeable, but on March 13th, one month after commencing the liq. potassæ, it measured only 13½ in. About this period the dose was increased from fifteen to twenty minims, and on April 13th the measurement was 12½ in. round the thyroid gland and 13 in. round the thickest part, having been reduced 2½ in. in two months. At my request the patient's father obtained measurements from six other girls, whose ages varied from thirteen to fourteen years, so as to obtain an average, the result being 11½ in.; but two of them, aged respectively thirteen and fourteen years, measured 12 in. The measurements were all carefully made, with particular instructions as to their being taken in the same part of the neck in each case—namely, just below the thyroid gland. The patient's neck is so much reduced in size as not to call forth remarks about its being larger than natural. The medicine has now (April 20th) been discontinued for a time, but the swelling is still undergoing diminution.

Spalding.

POISONOUS EFFECTS OF TETRAMETHYL OF AMMONIUM.—At a late sitting of the Society of Biology of Paris, M. Rabuteau made some valuable remarks on the poisonous effects of the above salts, as illustrated by his experiments on animals. For instance, one-sixth of a grain of the tetramethyl kills a frog in less than five minutes. It is a muscular poison; the muscles of the heart itself are no longer excitable by electricity ten minutes after death. The iodide of tetramethyl is also a muscular poison of the same sort, less soluble, but quite as dangerous. M. Rabuteau purposes to continue his experiments with all the compounds belonging to the series. As ten grains of the tetramethyl kill a dog in a few hours, it would be prudent to take only a very small quantity in experiments on himself. Dr. Rabuteau has tried one-third of a grain.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

SARCOMA OF KIDNEY, LUNGS, AND BRAIN.

(Under the care of Dr. GEO. JOHNSON.)

ALTHOUGH only a comparatively small portion of the sarcomatous growth was intracranial, the chief symptoms in the following case were such as pointed to some morbid change at or near the posterior part of the third left frontal convolution of the cerebrum, close to the island of Reil. Carefully conducted observations have established an intimate connexion between disease of this portion of the brain and paralysis of the right extremities accompanied with aphasia; and facts are now sufficiently numerous to justify a diagnosis of some alteration in this locality when these symptoms present themselves. The history of the case will often give some clue to the kind of the change; hæmorrhages are usually of sudden onset, and growths are more gradual in their manifestations; but there are no means of determining, before death, the actual nature of the tumour. All the symptoms in the present case did not, however, point to disease of the brain, for there were distinct indications of pulmonary mischief, but none of any renal disturbance. The explanation of this is obvious.

For the following notes we are indebted to Mr. J. H. Philpot, M.B., house-physician.

W. T——, aged thirty-six, was admitted Nov. 23rd, 1872. He was a country schoolmaster, working hard, and subject to a great deal of worry. He enjoyed good health, however, till last August, when he suffered from a slight temporary aphasia, spelling words wrongly in his letters. He had been troubled with cough during the last three months. In the middle of October, five weeks before admission, he came to town for change of air. The day that he came up, while walking in Cheapside, he spat up a small quantity of blood. The same evening he brought up a teacupful of blood while coughing. From that time he began rapidly to lose flesh, and his cough increased in intensity. Three weeks before admission there were first noticed some gradual loss of power in the right hand and a dragging of the right leg. A few days later the paralysis had become complete. A fortnight before admission his speech became very confused. He continued in a very prostrate condition, passing urine and fæces under him, and utterly helpless up to the date of his entering the hospital.

On admission, the patient was seen to be very weak and emaciated. There was some facial palsy on the right side; the pupils were dilated, but equal. There was considerable paralysis of the right arm, the patient being unable to raise it from his side, but he could grasp with the hand, though with diminished power. The right leg was almost entirely powerless. The intellect was considerably affected; his memory was very imperfect, his answers to questions were often either irrelevant or contradictory, and his reasoning faculties were impaired. He wandered at times. The aphasia was not well marked; he never used wrong words, but often seemed to have difficulty in finding the words he wanted, and at times did not seem able to answer at all. There was more or less dulness over the whole of the left lung, with scattered crepitant râles. The urine was turbid with phosphates, but contained neither albumen nor sugar. The other organs were apparently healthy. The temperature taken at intervals never transgressed the normal point. There were no nocturnal perspirations. The pulse was weak, and varied from 80 to 100.

A few days after admission he began to complain of fixed, deep-seated pain behind the left temple. Leeches were applied, but without marked relief. He gradual grew weaker and thinner, still losing power in his arm and leg. A fortnight later some rigidity was noticed in the right arm and leg; the latter began to contract, and attempts at extension caused great pain. The emaciation and the failure in strength rapidly progressed, and the mental ruin became more and more evident. During the night he was noisy and delirious, often trying to get out of bed. He lost entire control over both bladder and rectum, the lung symptoms increased rapidly in intensity, and he died comatose Jan. 8th, seven weeks after admission.

The post-mortem examination was made by Dr. Kelly twenty-six hours after death. On slicing the brain horizontally, three tumours were found on each side. (1) On the right side, at the level of the lateral ventricle, a small one, red, circular, about one-third of an inch in diameter, embedded in the white matter just outside the anterior cornu; one very similar near the grey matter at the end of the posterior cornu; and a third just outside the corpus striatum. (2) On the left side, one, about one-half by one-third of an inch, outside the corpus striatum and over the island of Reil; one much larger, one inch in diameter, at the junction of the middle and posterior third, and between the lateral ventricle and the surface of the brain; and one smaller just within and in front of it. Around each, but chiefly around the last, lay softened and orange-coloured brain-matter. Each tumour was firm, surrounded apparently by a blood-clot, and on section yellowish and rather translucent. The left lung was bound by firm old adhesions to the chest-wall. There were extensive masses of deposit of a yellowish colour and rather firm consistency both at the apex and base of the left lung, and smaller deposits of the same character scattered through the lung-substance. The right lung was healthy. Adherent to the lower and outer surface of the left kidney there was found a hard yellowish mass, starting apparently from the capsule of the kidney and not implicating the glandular tissue. The prostate was affected with the same form of deposit in its left half. The remaining organs were healthy and free from deposit.

On microscopical examination of the deposits in the various organs, they were found to present the characteristic appearances of spindle-celled sarcoma.

As regards the pathology of this interesting case, it seems probable that the deposit around the left kidney was the original one, those in the left lung and in the cerebral hemispheres being of secondary formation.

LONDON HOSPITAL.

FRACTURE THROUGH THE PETROUS BONE INTO THE EUSTACHIAN TUBE; COMMENCING INFLAMMATION OF THE BONE AND MEMBRANES; RECOVERY.

(Under the care of Mr. JONATHAN HUTCHINSON.)

THE following case, the notes of which are supplied by Mr. E. Nettleship, illustrates the difficulty sometimes met with in the diagnosis of a fracture of the base of the skull, and the importance of taking the evidence of all the symptoms, and not relying too implicitly on any one indication, which, *per se*, may or may not be evidence of such an injury.

Joseph N——, aged twenty-two, a stoker, on May 10th, 1872, whilst under his engine for the purpose of cleaning it, raised his head without thinking where he was, and struck his left temple and the neighbouring part of the head violently against a horizontal iron bar just above. He was not stunned, but the part was painful, and soon swelled. There was no bleeding or discharge from the ear, mouth, or nose at the time. He went on working for three days. At the end of the third day he vomited a little blood, and on the same day the left ear became deaf and "started a-singing," which persisted. On the fourth day the left side of his face was more swelled and inflamed. Severe pain in the head came on, and kept him awake at night. The swelling of the face and side of the head appears to have varied a good deal in degree during the next few days. The pain, which was "shooting," was confined to the left side of the head, and especially marked in the temple and behind the ear; worse at night, but never quite ceased in the daytime. This symptom continued until several days after admission. On the eleventh day he noticed for the first time that he could not shut his left eyelids; and after this other symptoms of facial paralysis gradually came on. On the

seventeenth day he came to the hospital, first to Mr. Tay, by whom he was sent to Mr. Hutchinson. He then had complete facial paralysis and absolute deafness on the left side, and was complaining of great headache. His appetite had failed for several days, probably from the headache. From the history of the accident and of the gradual onset of the symptoms, and from the absence of bleeding or discharge from the ear, Mr. Hutchinson diagnosed a fissure-fracture of the left petrous temporal bone communicating with the Eustachian tube, and thus allowing the admission of air, which had been followed by inflammation of the bone and its contained structures, and then by the paralysis. A very grave prognosis was given; but it was thought advisable to administer mercury to rapid salivation, in order to prevent if possible further inflammatory effusion, and allow the absorption of that already present. Grey powder was ordered every four hours, and the patient was taken into the hospital.

For the first two nights his headache was less severe. On the second day after admission the bowels were freely opened by house medicine. On the third night, however, the pain was as bad as ever. After this date the headache almost left him, and did not return with any severity. The improvement began so soon after the mercury was begun that Mr. Hutchinson did not attribute it to the remedy. The patient never became salivated, and the mercury was discontinued on the fourth day. About ten days after admission a considerable fluctuating patch was discovered above his left ear; it gradually increased for about a week, and then slowly subsided, having never been tender or inflamed; it probably contained serous or bloody fluid, the result of the bruise. His hearing partly returned before he left the hospital.

He was discharged about three weeks after admission.

ST. MARY'S HOSPITAL, MANCHESTER.

TWELVE CASES OF OVARIOTOMY.

(Under the care of Dr. LLOYD ROBERTS.)

THE following is a continuation from page 593 of the report of Dr. Roberts's cases of ovariotomy, the notes being supplied to us by Mr. Runcorn, house-surgeon:—

CASE 9. *Solid ovarian tumour weighing 6¼ lb.; ascites; visceral and parietal adhesions; inguinal hernia; ovariotomy; recovery.*—Jane S——, aged forty-eight, sent by Dr. Gardiner of Ashton-under-Lyne, married, three pregnancies, all children alive, admitted 12th July, 1872. Says her illness commenced six years ago with scanty menstruation, but she dates the commencement of the abdominal swelling to only three years ago. In the early and progressive stages of the tumour she suffered much from vomiting, during one of which attacks a hernia (inguinal) of the right side of the abdomen was produced. This increased *pari passu* with the development of the tumour.

On admission the abdomen was irregularly swollen; at the lower and right side was a firm resisting movable tumour of the size of a child's head, floating freely in peritoneal fluid. As the ascites was increasing, twelve pints of fluid were drawn off on August 1st, six pints on August 9th, and three pints on August 20th. The hernial protrusion, which was about the size of a fœtal head, was only partially reducible. The uterus was lower in the pelvis than normal; its measurement by sound being three inches and a half. Elevation of the tumour caused but little corresponding motion in the uterus. She had never had any flooding. The lower extremities were very œdematous, particularly the right. There was no albumen in the urine. Had been obliged to keep her bed for several months.

Sept. 4th, 1872.—The abdomen was opened by an incision commencing one inch above the umbilicus, and continued to the pubes. Six pints of ascitic fluid were allowed to escape; some parietal and visceral adhesions were separated from the tumour, which was then drawn through the abdominal incision. The narrow pedicle, two inches long, was secured by a clamp, all fluid and blood removed from the abdominal cavity, the wound brought together by eleven silk sutures, and dressed antiseptically.—7 P.M.: Pulse 104; temperature 100·2°. Has slept two hours.

5th.—9 A.M.: Has slept three hours during the night; vomited three times; complains of heartburn; urine small in quantity, high-coloured, and contains lithates. Takes iced milk. Pulse 115; temperature 100·3°.

6th.—9 A.M.: Has slept three or four hours in the night; only vomited once; she urinates without the use of the catheter; flatus passes per rectum. Takes brandy, arrow-root, and iced milk.

7th.—Feels much better; complains of pain on left side of abdomen; pulse 106; temperature 99°. Takes iced milk, arrowroot, and brandy.

8th.—Continues to improve; pain in the abdomen less; pulse 106; temperature 100·3°; wound dressed, appeared healthy; six sutures removed.

9th.—Pulse 116; temperature 100·1°; wound dressed; five other ligatures removed; clamp tightened; has slept well. Takes rice pudding and beef-tea.

10th.—Has slept well, but complains of pain on left side of abdomen; this was relieved by opium poultices; urine clear.

11th.—Continues to improve; pulse 100; temperature 99°.

12th.—Feels very well; clamp removed. Ordered chicken for dinner.

13th.—Wound healed at upper part. From this date she continued to progress favourably, the hernial protrusion was much less, and she left the hospital on Nov. 7th, fitted with a truss.

CASE 10. *Removal of right ovary and parovarian cyst weighing 17 lb. 2 oz.* — Hannah M——, aged thirty, single, admitted Oct. 22nd, 1872. Menstruation moderate in quantity; commenced at eighteen, and has continued ever since. The abdomen began to enlarge eight years ago. Has been once tapped. On admission she was emaciated, and suffered from constipation, dysuria, and frequent desire to void urine, the latter, on standing, throwing down copious deposit of urates. The tumour, conical in shape, fluctuated freely, and occupied the epigastric, both hypochondriac, umbilical, and right lumbar regions. The girth at the umbilicus was 39 in., the measurement from sternum to pubis being 18 in. Uterus healthy and normal in position.

On the 25th of October the abdomen was opened by a small incision midway between the umbilicus and pubes; the cyst was exposed, and ten pints of clear fluid drawn off by a syphon trocar. The collapsed cyst followed on using very slight traction; it was three-quarters of an inch in advance of the right ovary, and appeared to spring from a surface a little above the attached process of the Fallopian tube to the ovary; indeed it was apparent that it was a cyst of the parovarium. The ovary itself appeared slightly larger than normal, and it was thought advisable to remove it with the tumour; a clamp was accordingly applied, and the whole separated. The incision in the abdomen was brought together by four silk ligatures and dressed in the usual way. The sutures were taken out on the third day after the operation, and the clamp removed on the eighth day. She made a good recovery. The healed incision measured 1¼ in. The cyst and contents weighed 17 lb. 2 oz. The fluid, which was of a clear bluish colour, very like spring water, had a specific gravity of 1005, and without a trace of albumen. The cyst-wall is thin, transparent, and not vascular. The Fallopian tube, several inches long and somewhat curved, is firmly attached to the wall of the tumour.

BELFORD HOSPITAL, FORT WILLIAM.

CASE OF ACUTE TYPHLITIS.

(Under the care of Mr. JAMES W. ALLAN.)

ON the 6th of January last, Mary M——, a baker's wife, aged thirty-four, residing in Fort William, was said to be suffering from "cramps." On examination, the patient was found to be apparently in great distress and suffering, her misery being caused by pain in the abdomen, in the region of the right iliac fossa, which was greatly increased by pressure over this part by change of posture and by coughing. The abdomen was firm, but not hard, there being nothing like a tympanitic state. Pulse rapid, 120, moderately firm, but not hard. Tongue clean.

She was first seized on the evening of the 5th with vomiting. She took a dose of Gregory's mixture, and afterwards vomited, but the medicine operated. She denied having

indulged in New-year irregularities; never had hernia, so far as she knew; was not pregnant, and had menstruated a week before. Had an illness similar to the present one about the middle of December, 1872. Ordered a sinapism, to be followed by hot poultice, and, if necessary, fomentation. To take one grain of opium every two hours till the pain abates.

Jan. 7th.—Morning: Patient seems much relieved; did not get much ease from the external applications; attributes her relief to the opium pills. On inquiring about her sleep, she states that she dozed in the early part of the night. No pain in the abdomen when she keeps still and the part is not touched. On putting the hand on the region, however, suffering is produced, and the abdominal muscles start and tighten. Has not had a motion from bowels since last visit. Has taken six pills. Pulse 102, pretty firm. Tongue tolerably clean and moist, but inclined to be tinged with brown. Mention of food causes nausea. Ordered a pill, to be taken not oftener than every four hours, if she could wait so long; beef-tea and whisked egg, and a little brandy, to support strength.—Afternoon: Much the same; percussion on the right side of the abdomen clear, but not tympanitic.—Night: Pulse more rapid, 120. Complains of thirst; had an injection of warm gruel, which brought away some fæcal matter. Pills to be given, one every four hours, or, if necessary, every two hours. Hot fomentations.

8th.—Tongue tolerably clean; pulse 90; dozed through the night from time to time; urine high-coloured; confesses to having had cough with expectoration for last six months; never had hæmoptysis. Percussion on right side of abdomen gives a clear note over the lower, but rather a dull note over the upper, region. Had a motion from bowels after the visit last night.

9th.—Pulse 78; tongue pretty clean; much easier; still thirsty; no motion from bowels. To have a mixture containing the solution of acetate of ammonia and hydrochlorate of morphia.

11th.—Pulse, to-day and yesterday, 72; patient is easier; bowels not moved yet. Mixture to be continued, and a dose of castor oil taken.

12th.—Patient is much better; pain on pressure less; tongue clean and moist; pulse about 60; bowels freely moved.

15th.—Pulse about 66, rather weak; tongue inclined to be white; cough troublesome in the mornings; pain less; appetite poor; no motion from bowels yet.

20th.—The patient looks very ill, and complains of weakness; had one motion from bowels since last visit; she began to menstruate about a month ago—a good deal of discharge. Took the syrup of the iodide of iron in teaspoonful doses three times a day. Bowels to be moved by sulphur.

23rd.—Patient is much better, but still weak; since last visit had motions from bowels; stools offensive in appearance and smell; pain is gone, but a queer feeling remains. Has menstruated for a week at this time.

Patient suddenly left Fort William, and returned to Glasgow, owing to private affairs.

There was a strong suspicion of the presence of a tubercular element in this case.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MAY 20TH, 1873.

DR. DICKINSON, VICE-PRESIDENT, IN THE CHAIR.

THE following reports from the Morbid Growth Committee were read:—On Dr. Bagshawe's specimen of epithelioma of the base of the tongue and the glottis; on Dr. Walter's case of loose cartilage of the knee-joint; on Dr. Silver's specimen of ulceration of the larynx and pharynx; on Dr. Thompson Dickson's sections of the spinal cord after amputation of a limb; on Mr. Coupland's specimen of gouty deposit on the aortic valves.

Mr. SEBASTIAN WILKINSON showed a Renal Cyst from a pig; it was 28 inches long and 17 inches broad.

Mr. BUTLIN showed a Recurrent Osteo-sarcomatous Tumour, unconnected with bone. The patient, aged fifty-six, was under Mr. Callender's care in St. Bartholomew's Hospital. In March, 1872, a tumour, unconnected with bone, was removed from Scarpa's triangle on the right side; it had been growing for seven years, and increasing rapidly during the last six months. In November, 1872, a second tumour was removed, and in February, 1873, a tumour was removed by Mr. Morrant Baker; the wound had not yet healed, and several ossifying pieces had been removed since the operation. There were no glands affected, nor was there any evidence of disease of the internal organs. A section under the microscope showed ossifying tissue with a number of spindle and round and oval myeloid cells.

Mr. HOLMES referred to a specimen, in St. George's Hospital Museum, of a tumour made up of ill-developed bone, which had been removed by Mr. Hawkins from the cellular or muscular tissue in the neighbourhood of the scapula. The patient had been twice operated upon. There was nothing malignant in the case; no glandular or constitutional affection. The tumours had been removed at long intervals. The man was well and in good health a few years ago. It was called a bony tumour, or rather calcified cellular tissue.

The PRESIDENT referred to a similar growth reported by Dr. Moxon; the part of one lung was replaced by a tumour not obviously connected with bone. In reply to Mr. Butlin the President said it was a primary growth. The specimen was referred to the Morbid Growth Committee.

Mr. KESTEVEN exhibited the Brain, Spleen, and Kidney of a man aged twenty-four, who was suddenly seized with a convulsion, and died in four hours. There was considerable hæmorrhage beneath the arachnoid and in the lateral ventricle. The spleen was enlarged and nodular. The pelvis of the left kidney was much dilated, and contained twenty ounces of urine, and a quantity of white buttery matter, mostly triple phosphates; there appeared no mechanical impediment to the outflow of the urine except this matter. The ureters were pervious.

The PRESIDENT said that it was not quite clear how the accumulation in the pelvis caused this impediment; he thought there must have been some mechanical obstacle.

Dr. GREENHOW brought forward five cases of Disease of the Supra-renal Capsules. The first case was that of a man aged twenty-five. He had the usual constitutional symptoms; the skin was discoloured, and also the buccal mucous membrane. The second and third cases were under the care of Dr. Ringer. The stomach in one case presented a somewhat curious appearance; there were a number of milky patches, consisting of lymphoid tissue; the condition appeared to be of catarrhal origin. The fourth case was that of a man aged forty, who died of phthisis, under the care of Dr. Thompson. There were no constitutional symptoms, and at the post-mortem one supra-renal capsule only was found diseased. The fifth case had been under the care of Dr. Liveing. There was cancer of the supra-renal capsule; here there were no symptoms of Addison's disease.

Mr. HOLMES showed a Blood-cyst removed from the leg of a healthy man aged thirty; it had been growing for two years, and appeared as a small lump on the outer side of the leg; the man had been able to continue at his work. Six months after it burst, and there was considerable hæmorrhage. It continued to increase, and at times discharged blood. The tumour had a wide base, with several large cracks on the surface; there was no evidence of any solid growth, and there were no constitutional symptoms. The growth was excised; on examining it it appeared a simple cyst lined by a blood-clot, as in an aneurism. It might have been a diverticulum from a vein, but the mass could not be removed so as to prove that. There were no varicose veins, nor was there anything to show that the deep veins were affected. This was a very rare condition of things to meet with.

Mr. HULKE referred to a somewhat similar case under the care of Mr. De Morgan. A girl seventeen years of age had a tumour the size of a cocoa-nut in the front of her thigh in the quadriceps extensor muscle. It was excised, and was found to be lined with a laminated clot, as in an aneurism. Six months after a sarcomatous tumour developed there. The specimen was referred to the Morbid Growth Committee.

Mr. HOLMES showed a Pulsating Cancer of the Kidney. A man was sent up from the country with symptoms of

aneurism of the abdominal aorta. On examination, a large pulsating tumour, presenting the signs of an aneurism, was found to fill up the left lumbar region and the iliac fossa. There was much œdema of the lower extremities. On feeling the tumour there was a distinct pulsation; a soft bruit was also heard. There was hæmaturia at times. He thought there was a pulsating cancer of the spine of the ilium, and a nodule in the kidney. At the post-mortem examination only the left kidney was affected; there was a cauliflower excrescence in the pelvis, which gave rise to the hæmaturia. The man died of constitutional disturbances. Mr. Holmes said he had not seen cancer confined to the kidney substance pulsating and causing a bruit.

Mr. WARREN TAY referred to a blood-cyst removed by Mr. Rivington from the axilla of a woman; it was lined by a blood-clot.

Mr. WAGSTAFFE showed a Tumour of the Upper Jaw, removed by Mr. Dobson, of Bristol. It was of six months' growth, and invaded both upper jaws. The whole mass was removed; the patient did well for a time, but now a fear of its recurrence is entertained. The tumour was an epithelial epulis.

Dr. GOODHART showed, for Mr. Gay, a specimen of Syphilitic Condylomata, which was taken from a man aged thirty-nine. It was supposed to have been eighteen months growing. In reply to Mr. Arnott, Dr. Goodhart said there was no other syphilitic lesion of the body, and he did not know if there was any history of syphilis.

Mr. MYERS showed the Hearts from two soldiers whom he had exhibited before the Society in 1869. In the one case the heart was hypertrophied, and the coats of the aorta diseased; there was not much disease of the valves. There was no history of syphilis or of drinking. In the other case the aortic valves were extensively diseased. In reply to Dr. Powell, Mr. Myers said the first man died suddenly after running; the dilatation of the aorta was great.

The PRESIDENT showed a Lung with the right bronchus blocked up by a small growth. At Christmas, 1872, a clergyman consulted him on account of attacks of dyspnœa from asthma. He saw him again in April, and on examining the chest noticed a depression three inches below the clavicle on the right side; over this the respiratory sounds were weak. He saw him again in July, suffering from extreme dyspnœa and spasmodic attacks; there were the same symptoms and also a loud râle over the right lung. He thought it depended upon a mechanical obstruction of the right bronchus. The patient died of dyspnœa three days after. He was allowed to open the chest, and found a small growth the size of a Maltese orange in front of the end of the trachea, pressing upon the right bronchus. The growth was a lymphadenoma.

Mr. MACCORMAC showed a rare form of Tumour, which he had removed from a young man, aged twenty-four. The man had been quite healthy till the tumour was discovered. He had had rheumatic fever five years ago. There was a large mass in the left side, close to the spine, which overlapped the last three ribs and part of the ilium; it was firm, elastic, and immovable, and felt like a chronic abscess. A puncture was made, and blood flowed freely. After a month the wound healed, and the tumour was excised. It was attached to the periosteum of the last two ribs and the transverse processes of the lumbar vertebræ. The man made a good recovery. There was little or no hæmorrhage during the operation. Under the microscope the tumour appeared made up of muscular tissue, with connective tissue and bloodvessels. Was it a myoma, or only due to an increase of the connective tissue between the muscular bundles?

Dr. CRISP exhibited the Heart, Liver, and Kidneys, from two patients, showing the injurious effects of alcohol. Also specimens showing atheromatous and bony deposits in the vessels of animals.

Dr. GOODHART exhibited a Rectal Polypus from a child.

Dr. CURNOW showed a Pancreas with numerous calculi (fifty or sixty) which had been removed from its substance. The duct was quite blocked up. The specimen was taken from the dissecting-room at King's College. The calculi were made up of phosphate and carbonate of lime.

The specimen was referred to the Chemical Committee.

Dr. CURNOW showed a Tumour involving the Phrenic Nerve from a body in the dissecting-room. It appeared to be an enlarged gland cretified, and had involved the nerve.

Dr. HILTON FAGGE showed a Repaired Fracture of the Base of the Skull. A patient was admitted suffering from vomiting, and unable to keep any food on the stomach. Five weeks previously he had fallen from a ladder, and had struck his head; he had the usual discharge from the ear. There was no evidence of cerebral lesion beyond insensibility for a time. He had had epileptic attacks. After a time ascites came on, and it was clear that the vomiting was abdominal. He died three months after the injury, of cancer of the duodenum and pylorus. On examining the head, both anterior and the left middle lobes were discoloured. On stripping off the dura mater lines of fracture were seen, one passing across the petrous bone and the middle fossa of the skull. This was a very rare case. There was no specimen of the kind at Guy's. Two such cases had been recorded in France, but in neither had the petrous portion of the temporal bone been affected.

Dr. WHIPHAM showed a Tumour of the Spinal Dura Mater. It was in the cervical region, and pressed upon the cord; the sixth and seventh nerves were flattened out by the tumour. It was a mass of calcareous matter.

Mr. WAGSTAFFE showed a Fibrinous Cast of the Urethra and the Bladder. Also a Loose Cartilage from the Hip-joint. The joint was replaced by a large sac containing more than fifty of these cartilages.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 7TH, 1873.

DR. E. J. TILT, PRESIDENT, IN THE CHAIR.

DR. E. H. SELL, Mr. Reg. Verley, and Mr. G. Bate, were admitted Fellows of the Society. Dr. G. I. Engelmann, St. Louis, Mr. William Garton, Oxford, and Dr. Luther Parkes, Boston, U.S., were declared admitted. Dr. A. E. Martin, Berlin, was elected a Corresponding Fellow of the Society. The following gentlemen were elected Fellows of the Society:—J. R. Chadwick, M.D., Boston, U.S.; F. W. Cooper, L.R.C.S., Leytonstone; Nath. Goodchild, L.R.C.P.; Robert Gray, L.K.Q.C.P.; P. W. Jones, M.R.C.S., Waltham Abbey; Francis Seymour, M.R.C.S., Odiham; E. H. Steele, M.R.C.S., Kingston; and C. S. Ticehurst, M.R.C.S., Hastings.

Dr. BARNES showed specimens of (1) Procidentia Uteri, and (2) Inversion of Vagina with Hypertrophic Elongation of the Cervix Uteri.

Mr. SCOTT exhibited a Cyst from a case of Extra-uterine Fœtation.

Mr. ROSS JORDAN showed a Fœtus and portion of a Placenta from a case of Extra-uterine Fœtation.

Dr. PLAYFAIR exhibited a new Pessary for Anteflexion of the Uterus. It consists of a double-limbed flexible pessary made on Hodge's principle.

Dr. SELL, of New York, showed some photographs of Ossification of Muscles in various parts of the body, including those of the pelvis.

Mr. WM. ROSS JORDAN read a case of

EXTRA-UTERINE PREGNANCY IN WHICH GASTROTOMY WAS SUCCESSFULLY PERFORMED.

The woman, aged twenty-nine years, was a patient in the Birmingham Hospital for Women. In April last she had inflammation of the bowels, which threatened her life. In July or August she first felt the child, and in September she expected, and prepared for her confinement. From this time she gradually became smaller in size for six weeks, when she fancied she was in labour, being in great pain for three or four days. After that she had frequent shivers and a cold sensation in the abdomen. On December 13th a swelling in the abdomen, not larger than in ordinary pregnancy at six months, was discovered, fluctuating a little towards the left side, and on deeper examination a round mass, like the placenta between the umbilicus and pubes, and a harder projection to the upper and left border of the tumour. The cervix uteri was pushed up to the right side. The sound, penetrating three inches and a half, pointed to the right groin, and moved the round body felt in the abdominal examination. The recto-vaginal pouch was occupied by a hard, rounded mass. On December 21st a puncture with the aspirator was decided upon, and a quantity of chocolate-coloured fluid mixed with white flakes was drawn. Mr. Ross Jordan, from his examination on this

occasion, came to the conclusion that the case was one of extra-uterine fœtation. Two hours afterwards complete collapse came on, and hæmorrhage into the cyst or abdomen was suspected. Five hours after the use of the aspirator, an incision four inches long was made in the abdominal wall down to the peritoneum, when the cyst, with the placenta under it, presented. A clot of blood having been removed, the cyst, with a foot near the external opening, was drawn forward, but the wall of the cyst being thin it ruptured, and through this opening the fœtus was extracted. The placenta was left undisturbed, and the openings of the cyst and the abdominal wall were brought together by sutures of carbolised catgut, leaving an open wound about two inches and a half long, which was covered with a layer of tenax, &c. The patient progressed favourably, and on the 1st and 2nd of January large fragments of placenta were discharged, and on the 10th of April she came to the hospital looking well, with the wound quite closed.

Mr. LAWSON TAIT read a

NOTE ON THE DIAGNOSIS OF EXTRA-UTERINE PREGNANCY.

The author thought that in these cases very little confidence should be placed in the statements of patients if they were not in harmony with physical signs. He had, in consequence of the history of her case given by a patient, been led to make an erroneous diagnosis, mistaking a multilocular ovarian tumour for a case of extra-uterine fœtation. There were two circumstances which invariably accompanied extra-uterine gestation which has gone past the period. The first was due to the general excitement and congestion of the organs involved, specially to the enlargement of the uterus, and the second to the absorption of the liquor amnii after the death of the child. The conditions with which extra-uterine pregnancy may be confounded before the death of the child were, displacement of the normally pregnant uterus during the early months, pregnancy complicated with fibro-myoma or cystic disease of the uterus, and, more rarely, pregnancy of one-half of a double uterus. After the death of the child diagnosis was more difficult: the two points in the history already mentioned were most important; auscultatory signs were of no use. The other conditions with which it might be confused were pelvic hæmatocele, ovarian tumours, especially dermoid cysts, cancer, fibro-cystic disease of the uterus, hydatids of the uterus, and phantom pregnancy. The uterus in extra-uterine pregnancy was always intimately associated with a tumour and generally in front of it, movable to a limited extent and enlarged. The most important point was that the cervix is always patulous. Under such circumstances, if a fœtal heart were audible, the case was clear. If the case were seen after the death of the child, the tumour would be soft, and besides obscure ballottement, possibly a part of the child might be made out by internal or external examination. Of the three cases which the author had seen, two had been first pregnancies, and in neither had there been any troublesome pain. In the third there was great pain, but the patient was seen during the false labour.

Dr. ALFRED MEADOWS brought forward

A CASE OF GASTROTOMY FOR SUPPOSED EXTRA-UTERINE GESTATION.

The patient, aged fifty-eight, was admitted to the Hospital for Women, and had passed through the climacteric period nine years ago. She had great pain in the abdomen, which was enlarged by the presence of a tumour. Sixteen years since she fancied herself pregnant, and in due time had pains like those she had felt in her first confinement; these, however, gradually declined, and no child was born, and since that time she had considered herself to be carrying a dead child. On admission the abdomen was found to be occupied by a large tumour about the size of the uterus at term, tender to the touch and apparently solid. The uterus was high up, and its cervix very small; the sound passed upwards and forwards two and a half inches. The balance of opinion among the author's colleagues being that this was a case of extra-uterine gestation, it was determined to clear up all doubts upon the matter by making an exploratory incision five inches in length between the pubes and umbilicus. A white friable mass was then discovered, having all the characters of malignant disease; it broke down readily, and two ounces of a thick brownish fluid escaped. Finding it impossible to remove the mass, the abdominal wound was closed. Fifty-three hours after the operation the patient died, and upon opening the abdomen the mass of malignant disease was found to be the omentum which overlapped the tumour, and was about an inch in thickness. The tumour itself, which was adherent in every direction, proved to be a large fibro-cystic tumour of the uterus. The author cited this case to show the difficulty of diagnosing abdominal tumours; even with the aid of an exploratory incision, a correct diagnosis of the character of the tumour had not been arrived at previous to death. He believed it to be the moral duty of everyone to record his failures as well as his successes.

Mr. JOHN SCOTT read a

CASE OF EXTRA-UTERINE FŒTATION WITH OPERATION.

The patient, aged thirty-two, was admitted into the Hospital for Women complaining of pains in the right inguinal region. The uterus was found developed as in early pregnancy. This was on April 17th. On May 15th a tumour could be distinctly felt above the pubes. On June 5th the os could scarcely be reached, and the tumour felt more elastic. On Aug. 7th a feeling was communicated to the finger as if of fluid between it and the uterus; the fœtal heart could be heard. On Jan. 6th the tumour extended two inches above the umbilicus, and felt, per vaginam, like the tense bag of membranes. No fœtal heart could be heard, and a hard body like the uterus was felt in front of the abdominal tumour. On Jan. 15th the sound was passed four inches, its point being felt in the body just mentioned. On the 29th sudden and violent pains in the epigastrium came on, with restlessness, faintness, and sickness. The cyst was punctured by the aspirator, but no fluid could be withdrawn. On the 30th, in consequence of threatening symptoms, it was decided to make a free incision through the abdominal walls, when what appeared to be the enlarged uterus presented itself, but on extending the incision upwards it proved to be an expansion of the uterine tissues. This was cut through, and on passing the hand into the cyst the fœtus was found lying with its head in the upper part. It was removed, the cavity sponged out, and the placenta left untouched. The upper part of the incision was closed by sutures and the lower left open, the whole being dressed with carbolised oil. The patient died thirty-one hours after the operation. The author gave a minute report of the cyst and its appendages made by Dr. Snow Beck.

A long and interesting discussion then took place, in which the President, Dr. Edis, Mr. Lawson Tait, Mr. Spencer Wells, Mr. Scott, and Dr. Heywood Smith took part.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

THE last meeting of the session was held at the Royal Kent Dispensary, Greenwich-road, on Friday, May 2nd, Ralph Gooding, B.A., M.D., President, in the chair.

Mr. F. A. MAHOMED read a paper entitled "Outlines of Sphygmography." After enumerating the somewhat scanty contributions to the literature of the subject, and pointing out the defects remedied by his own modifications of Marey's instrument, the author selected for discussion the physiological interpretation of a sphygmographic tracing. Dividing the normal pulse into three elementary waves—(1) Percussion, (2) Tidal, and (3) Dicrotic—he proceeded to prove by results of experiments performed on a schema of the circulation (illustrated by diagrams and tracings), and by clinical observations, that these three waves existed in, and combined to form, all pulse tracings. (1) Percussion Wave was demonstrated to be produced by the shock, or jar, transmitted through the blood column, as through a solid body, by the sudden contraction of the heart and forcing open the aortic valves, and its development shown to vary with the modes of contraction, the condition of ventricular muscular walls, and tension of arterial walls. (2) Tidal Wave was ascribed to actual influx and passage of blood through the arteries by ventricular systole, variations in its size to the size of ventricular cavity, the rapidity of contractions, efficiency of mitral valves, elasticity of arteries, and other causes. (3) Dicrotic Wave, or wave of aortic contraction, was conclusively proved, by an original experiment, to be due to the recoil of the elastic aorta directly following distension by ventricular systole, an arrangement thus shown to be perfectly adapted to economise force expended in ventricular contraction, and prolong, during diastole, the pro-

pulsive movement commenced by systole. Its development was found to accord often with increased tension of the arterial system (especially when produced experimentally), and this increased tension to depend on some obstruction, in capillaries, veins, or pulmonary circulation, on an alteration of the blood's chemical affinity for the tissues, and on the rapidity of the heart's contractions. This theory of dicrotism depending on high tension was however shown to be open to many objections, and, clinically, dicrotism was found to be often coincident with very low tension; the suggestion was therefore offered that two forms of dicrotism exist, one produced by high, the other by low, arterial tension. Leaving the theoretical for the practical part of the subject, the author illustrated by a large number of tracings the various forms of pulse compatible with health, and clinical results obtained in various forms of disease by the instrument were then discussed. Its true value in heart disease was pointed out; it was especially recommended with a view to prognosis, as a guage of valvular lesion and compensatory hypertrophy, or, failing that, dilatation; and as an important guide to treatment, the marvellous effect of digitalis on the pulse being clearly demonstrated; while for diagnosis it was condemned. Characteristic tracings in each form of cardiac disease were then handed round and commented on. The value of the sphygmograph in diagnosis of aneurism was next pointed out and illustrated, and its assistance in prognosis and treatment of acute disease shown by observations in acute rheumatism, pneumonia, enteric and typhus fevers. Specimens of various characteristic pulses were shown,—viz., some forms of moribund pulses, the highly interesting variations in the pulse during ague, the non-dicrotic pulse of traumatic fever, the undulatory, respiratory pulse of acute bronchitis, and the splashy dicrotic pulse following hæmorrhage; concluding with observations taken in a case of tetanus, in which during the rest after tetanic convulsion of the voluntary muscles, tetanus of the heart, producing extraordinary and characteristic irregularities of pulse, appeared to occur.

The annual dinner of the Society will take place at the "Ship," Greenwich, on Friday, June 20th, at 6 for 6.30 P.M.

Reviews and Notices of Books.

The Comparative Anatomy of the Domesticated Animals. By A. CHAUVEAU, Professor at the Lyons Veterinary School. Second Edition, Revised and Enlarged, with the co-operation of S. ARLOING, Professor at the Toulouse Veterinary School. Translated and edited by GEORGE FLEMING, F.R.G.S., M.A.I., Veterinary Surgeon, Royal Engineers. With 450 Illustrations. London: J. and A. Churchill. 1873.

THIS is a valuable work, well conceived and well executed by the authors, MM. Chauveau and Arloing, and well translated by Mr. Fleming. It is rather surprising how few works exist in any language in which the anatomy of the commoner animals, domestic and otherwise, is given with any approach to detail. Systematic works there are in abundance, but if the student be desirous of ascertaining any particular point, such as the position and branches of the pneumogastric or sympathetic nerves, or the homologue of a given muscle in several different animals, he may search all day ere he find it. In Germany, Krause and Ecker have partially filled the gap by the publication of their essays on the rabbit and frog, and in English there are some monographs, as those for instance in the "Cyclopædia of Anatomy and Physiology," which are extremely useful; but, failing access to these, it is difficult to know where to recommend the student to go. The work before us appears to be well adapted to meet this difficulty. It contains an account of the comparative anatomy of the horse, ox, sheep, pig, dog, cat, and, in a subsidiary and more general manner, of birds generally, with here and there some special observations upon domesticated species. The anatomy of the above-mentioned mammals is treated in a systematic manner, separate sections being devoted to the locomotory apparatus, the digestive apparatus, the respiratory, secretory, and circulatory organs, the nervous and generative systems, &c. There is a brief histological introduction in each case, which, though short, is clearly given, and is illustrated by woodcuts, which Mr. Fleming has judiciously selected from various English and foreign works.

The anatomy of the horse is the basis of the whole work, the leading description of the several organs and tissues having chief reference to it; but in all instances where special characters exist in any of the other domestic animals these are noted, and a full account given of such peculiarity. Altogether the work reminds us very much of Quain and Sharpey's, were the histological part in the latter intercalated with the systematic; and this is giving it no slight praise. We have compared M. Chauveau's descriptions of the bones and other organs, where practicable, with those of Owen, Huxley, Flower, and other English writers, and find that they are in general very accurate and good.

Without being ourselves fond of novelty for novelty's sake, we could have wished to see some of the more modern terms introduced into the description of the bones, where these are obviously an improvement in precision. Thus, to point out one or two instances only, it would have been better to have used the term præsternum than to speak of the "cervical prolongation of the sternum." The process here termed the styloid process of the skull of the horse is in reality and would have been more intelligibly named the paroccipital process. In the account of the hyoid apparatus, the more recent nomenclature would again have much facilitated description, such cumbrous phraseology as "extremities of the thyroid cornua" being replaced by *thyrohyals*, and "articular surface of the body of the hyoid" by *basihyal*. The description of the coarse anatomy of the heart is well given, but neither the authors nor the editor appear to have heard of James Bell Pettigrew's beautiful dissections of the heart, which were chiefly made upon the horse and ox, since they describe the arrangements in the language of Winslow, as composed of "two muscular sacs included in a third," and the rest of the description follows on this view. Another suggestion: could not the drawings of the heart-vessels have been printed in colours, as in Henle's great work?

In regard to the dentition of the horse, we observe that MM. Chauveau and Arloing agree with Owen in giving the number of persistent teeth at forty in the male and thirty-six in the female, though there is some reason for believing that the first premolar is a persistent and not a milk-tooth, since, as is well known, it has no successor, in which case the number of the teeth would amount in the male, as Huxley gives it, to the typical number of forty-four. MM. Chauveau and Arloing include the teeth in the ruminants which Owen regards as canines amongst the incisors; and in the case of the pig, whilst Chauveau gives the number of the persistent teeth as forty-four, Huxley only admits forty. There appears to be room for embryological research here.

We cannot but feel regret that, for some reason or other, perhaps the exigency of space, the account of the rabbit contained in the original work has been omitted by Mr. Fleming in his translation. It so happens that the rabbit is an animal in many respects as convenient as, and in others much superior to, the frog for experiment. It is docile, inexpensive to keep, abundant, and, above all, it is warm-blooded. Every physiologist who does his duty to his class has occasion to exhibit in the narcotised animal such experiments as the secretion of saliva under nervous excitation, and has consequently had to make out, as best

he may, the nerves implicated, as there is no work of reference at command containing an account of the anatomy of this animal, unless, indeed, he can read German, when Krause's excellent work is at his disposal. We could even wish that a short section had been added upon the anatomy of the frog and the pike, or other representative fish, which might easily have been done without materially enlarging the volume, whilst it would have greatly enhanced its value. Ecker's work on the frog might have been taken as a guide. However, it is only fair to point out that the work, as a whole, is not intended for the practical physiologist, however useful it may prove to him, but for the veterinary surgeon, in which case the omission of the anatomy of the animals we have just referred to is of no importance.

The illustrations are very numerous, and Mr. Fleming has introduced a large number that are not contained in the original work. Nevertheless, we should have liked to see drawings of the individual bones, heart, brain, &c., arranged side by side, as Professor Flower has exhibited them in the College of Surgeons.

Taking it altogether, the book is a very welcome addition to English literature, and great credit is due to Mr. Fleming for the excellence of the translation, and the many additional notes he has appended to Chauveau's treatise, as well as to the Messrs. Churchill for their enterprise in publishing so large a work.

Foreign Gleanings.

USE OF BORAX AND NITRATE OF POTASH IN SUDDEN HOARSENESS.

Dr. Corson, of Orange, who is at the head of a special service for diseases of the lungs and throat, has tried a mixture of the above two salts with success in cases of sudden hoarseness produced by the action of cold. With special application to speakers and singers, Dr. Corson recommends the following means, which often produces an instantaneous and magical effect. A bit of borax, not larger than a pea, is allowed to melt slowly in the mouth about ten minutes before speaking or singing. This brings on an abundant secretion of saliva, which moistens the mouth and throat. The effects of this sort of cold may often be stopped at the outset, and the action of borax is helped by the use of nitrate of potash. On the eve of the day when the speaker or singer is to appear in public, he is made to take about as much as a pea of the nitrate in a glassful of warm water before getting into bed, and he is to be warmly covered. It is quite obvious that these means do not apply to chronic cases or to acute attacks of inflammation, which demand quite a different kind of treatment.—*New York Medical Journal.*

TREATMENT OF DYSENTERY.

Dr. Amelung, basing his views of the treatment of dysentery on the anatomo-pathological fact that the disease consisted in diphtheria of the larger bowel, had recourse to the use of carbolic acid during the recent epidemic which prevailed in Germany. When the large intestine contained a quantity of hard fæcal matter he prescribed an emulsion of castor oil, followed the next day by a dose of carbolic acid. When the stools were already mucous and bloody, and accompanied by great tenesmus, he immediately administered the acid. From two to five days after the beginning of the treatment the stools would become quite watery, and then he gave tannic acid and opium, or tincture of catechu when diarrhœa was persistent. The strength of the solution used was one part of carbolic acid to two hundred of water, with the addition of a little tincture of opium. In his article on the above, recorded in *Berlin. Klin. Wochenschrift* (No. 11, 1873), the author does not venture on any explanation of the drug's action, whether due to direct local influence or to its effects through the medium of the blood. Out of eighty cases thus treated only two ended in death.

TREATMENT OF INFANTILE CHOLERA.

In *Jahrbuch für Kinderheilk.* (Jahrg. vi., Heft 2, 1873), Dr. Wertheimber, of Munich, advocates, as the result of his extensive experience of diseases of children, the use of preparations of ammonia and China tea administered alternately in cases of the above. Besides their stimulating influence on the activity of the heart and slackened pulmonary circulation, the preparations of ammonia have the advantage of neutralising the acids developed in the stomach by the fermentation of non-digested milk. The tea acts energetically on the state of drowsiness, and causes the little patients to revive rapidly. At the same time, and as adjuvants, he employs large mustard plasters, and repeated friction with camphorated alcohol on the surface.

REFLEX ACTION OF THE STOMACH ON CIRCULATION.

Drs. Mayer and A. Pibram, after various experiments performed on cats and dogs, have stated (in *Centralblatt für die Med. Wissensch.*, No. 13, 1873) that any excitement, whether electric or mechanical (as pinching, for instance), of the walls of the stomach, and also forcible dilatation of the organ by means of insufflation with an india-rubber bladder, have the effect of producing not only slackening of the pulse, as has been already stated by Golz, but also a most notable increase of arterial tension. The authors ascribe this phenomenon to reflex contraction of the small arteries. By making beforehand a section of the pneumogastric nerves, the slackening of the pulse is prevented and arterial tension is increased. It results from the researches of MM. Mayer and Pibram that, contrary to the facts noted by Hermann and Gans, refrigeration of the mucous membrane of the stomach by the introduction of cold water or fragments of ice is without effect. Generally, irritation of the mucous membrane alone has no action on circulation: it must extend to the serous or muscular membrane. In reference to a similar order of facts, certain cases of sudden death following on mechanical insultus of the stomach may thus be explained.

CASE OF COMPLETE APHASIA FOLLOWED BY CURE.

This interesting case is recorded by Dr. Grasset in the February number of *Montpellier Médical*. The author has thus briefly summed it up:—"A man with inveterate alcoholic habits, and presenting unmistakable signs of alcoholism, was suddenly affected, in the midst of perfect health, with vague malaise and gastric troubles, which he ascribed to indigestion; then suddenly, during a quarrel, he lost the power of speaking, was admitted the following day into the hospital, and then showed utter inability to express his thoughts in words or writing or by gestures. The intellectual faculties seemed entirely preserved, and all the movements were free, though there was slight hemiplegia of the left side. The phenomena gradually abated under the influence of revulsant treatment, and remarkable progress towards cure manifested itself one night after three attacks of epistaxis. From that moment recovery took place rapidly. Only, during convalescence, a sort of hemiplegia of the various senses was observed; but these phenomena gave way in turn, and the patient was dismissed, entirely cured, on the twenty-seventh day after the onset of the disease."

ACTION OF COLD WATER ON THE SPLEEN.

In a recent number of Virchow's *Archiv* (lvii.) Professor Mosler has recorded his experiences of the above. He states that in a large number of cases he has observed a diminution in the size of the spleen under the influence of cold douches. This effect of cold water is not limited to cases of paludal fever, but is also observed in recurrent fever. In almost all Professor Mosler's cases of this latter disease he has been able to show to his pupils the marked decrease in the size of the spleen under the influence of cold baths. When the size of the spleen does not diminish, it is a bad symptom, showing the grave character of the disease.

MONTE VIDEO is again being decimated by yellow fever. Unadmonished by bitter experience or by the recent disastrous epidemic in Buenos Ayres, the inhabitants still allow cesspools to honeycomb the sites of their houses. They have fled in great numbers.

THE LANCET.

LONDON: SATURDAY, MAY 31, 1873.

THE time appears to have arrived when we may with advantage review the returns which since March we have published concerning the appointments and salaries of medical officers of health. An exhaustive analysis of these returns would be a troublesome and tedious affair, and we do not pretend to have made such; but it will be obvious as we proceed that we have sifted the facts in a manner fairly comprehensive of their general bearings, and the results we have arrived at may be taken to represent substantially the truth of the matter.

Our main point has been to find out whether or not, in respect of the numerous appointments and reappointments of health officers under the Public Health Act of 1872, any sort of principle is discoverable in the apportionment of the salaries. There would be many elements to be taken into consideration were we attempting to deal with this subject exhaustively. But we can get an approximate notion of the amount of work to be done by having regard to the population involved and the area over which it is distributed, and it is to these two main elements that we propose to confine ourselves at present. Beginning at the bottom of the scale of pay—not venturing to say more about those cases in which members of the profession have been found willing to accept health officers' posts without pay, than that both employed and employers must be pretty much at one in their conception of the nature of a health officer's function,—we have first of all a list of 31 urban and rural sanitary districts wherein the salaries do not exceed ten guineas; the populations concerned range from 296 to 10,000, and the areas from 26 acres to 3C square miles. For supervising the public health administration in the urban sanitary district of Worksop, comprising 10,000 population spread over 18,220 acres of ground, the health officer's salary is £5 per annum, while in other parts of the country the same area and population carry salaries of £100 to £200. Of 20 health officers at £10 salaries, 4 have under 2000 population in charge, 10 have from 2000 to 5000, 4 have from 5000 to 7000, and 2 have 9000 each.

We come next to a range of salary from £10 to £50, of which we have 53 cases in urban and 49 in rural districts. Of the 53 urban districts, 6 have under 3000 population, 25 have populations ranging from 3000 to 8000, 13 from 8000 to 20,000, 8 from 20,000 to 40,000, and 1 of 50,000; 45 of these districts have less than 8 square miles of area, the remaining 8 ranging from 8 to 30 square miles. Out of the 49 rural districts 34 cover populations of 3000 to 8000, and only 1 has more than 10,000; but the areas run up to over 80 square miles, and 17 out of the 49 districts exceed 30 square miles. In this group there are found, on the one hand, districts with less than 5000 persons on 40 to 80 square miles, and, on the other, those with from 30,000 to 50,000 persons on less than 8 square miles.

Salaries of £50 to £100 embrace a group of 23 urban and 24 rural districts. Nearly the whole of these urban districts are of small area, only 4 exceeding 8 square miles; 8 of them have populations of 20,000 and upwards, including 4 with 40,000. The rural districts have areas ranging from 8 to over 140 square miles, but only in one instance does the population reach 20,000. Eleven out of the 23 urban and 10 out of the 24 rural districts have about equal populations of 10,000 to 20,000, but in two cases the area covered is less than a square mile, while in three cases it exceeds 120 square miles.

The next group of salaries ranges from £100 to £200, and in that group we have 15 urban and 35 rural districts. Of the urban districts, 10 comprise areas of less than 8 square miles, with populations varying from 5000 to 70,000; the rural district areas range from 30 to 140 square miles, and the populations from 5000 to 30,000.

Nine urban and 12 rural districts have a range of salary from £200 to £500. The areas of 8 out of the 9 urban districts are less than 16 square miles, and their populations run from 30,000 to over 100,000. One of the rural districts has less than 8 square miles of area, with a population of 11,000. Three have areas of over 200 square miles, and the average population of the 9 districts is about 30,000.

Of large single urban districts with salaries of £500 and upwards, the following are examples:—

	£.	Square miles.	Population.
Birmingham	500	12	355,425
Bradford	500	10	156,605
Leeds	500	34	260,000
Sheffield	600	35	239,947
Liverpool	1000	8	493,346

Lastly, we come to the "crowning of the edifice," in the form of combined groups of urban and rural sanitary districts under one medical officer of health, of which we take the following as examples:—

	£.	Square miles.	Population.
Barkisland (Yorks)...	600	62	79,750
Atcham	800	1040	149,460
Awre (Gloucester) ...	800	625	131,700
Blean	800	470	111,465
Brackley	800	900	222,552
Caxton	800	464	74,166

And thus, for the present, we bring this analysis to an end, having completely demonstrated, not by exceptional cases picked out here and there, but by the results of a tabulation of over 250 cases, that the relation between the work and the pay of health officers throughout the country has been established on no principle whatever.

WE are anxious to direct the attention of our readers to some circumstances connected with the course we took last week in regard to the correspondence between the Minister for War and Dr. LYON PLAYFAIR, M.P., on the new Army Medical Warrant. In the first place, it was entirely owing to our having addressed a communication to Dr. LYON PLAYFAIR that the correspondence was published at all. But for the initiative taken by us, we have reason to know that it would never have seen the light. It cannot have escaped remark

that the correspondence appeared last week in this and another journal, with this very important difference between them however—that all reference to the Director-General's name was omitted in that published in THE LANCET. Our reason for doing this was shortly as follows:—On reading Mr. CARDWELL's note enclosing the Memorandum on the new Warrant, we were astounded to find it distinctly implied, if not expressly asserted, that that document emanated from the office of the Army Medical Department, and that it was the work of the Director-General whose signature it bore. As far as documentary evidence could be relied upon, it seemed clear that the Director-General had rendered himself not only responsible, but exclusively and individually responsible, for everything contained in that Memorandum. If this were so, it seemed to us that the head of a large and important service had done his best to place himself in antagonism with his officers. The document bore internal evidence, to our minds, that it was not the production of the Medical Service. Before, however, expressing the indignation we felt, it seemed to us but just and honourable that we should institute some inquiries. The result of those inquiries was such as to lead us to omit all reference to the name of the Director-General, and to intimate to Dr. LYON PLAYFAIR our reasons for so doing. We were assured, on the authority of a gentleman in whose honesty and knowledge of what he was saying we had every confidence, that he believed the document in question was a War-office, and not a departmental, production; that, instead of being the work of the Director-General, it embodied the conjoint results of the deliberations of a committee; that, as affected the financial, forage, and some other questions, the reasons and explanations were supplied to, not furnished by, the Director-General; and, lastly, that no one was warranted in saying whether the Memorandum did or did not express his views, or the extent to which it did so. Dr. LYON PLAYFAIR, inadvertently, as we know, omitted to intimate that what we felt justified in regarding as information exclusively supplied to one journal was, after all, only common property, and he sent copies of the correspondence elsewhere. It will be asked how it is that the document bears the signature of the Director-General instead of that of the Minister for War? We are unable to supply an answer to this question; but we hope that the matter will not be allowed to rest where it does. As things stand at present, the Director-General will either be regarded as having grievously injured the Medical Service and his own reputation, or as having been subjected to very unjust imputations, to which he should, if blameless, have never been exposed. We wrote to Dr. LYON PLAYFAIR that we had entire confidence in Mr. CARDWELL's character—that he would never, except by inadvertence, saddle anyone with a responsibility which did not rightly belong to him. But it will not now do for Mr. CARDWELL to throw his shield over the Director-General by simply accepting the responsibility of the explanations afforded in the document. Our single and entire aim in all this has been to obtain the exact truth and to protect the interests of the Medical Service; and we have deemed it due to ourselves to communicate with the Minister for War on the matter, but his reply has not yet reached us. We await the result with confidence, because, let it be what it may, we are perfectly free to pass judgment upon it.

Now for a few words on the Memorandum itself, which we regard as an unsatisfactory document in several respects. If it be true that there "may be a very few men each year who will wait a few weeks" on the rate of fifteen shillings a day, in the interval between the date of their attaining fifteen years' service and that of their promotion, it is much to be regretted that the Government should risk the production of so much discontent for the sake of a few half-crowns! The clause affecting the forage allowance is retrogressive. It deprives medical officers of a right to which they were entitled under a former Royal Warrant, and in so doing it simply mulcts them of so much money. If all departmental officers are to be treated alike in this respect, how is it that they were not all included in one Forage Warrant? What was the necessity for inserting such a clause in the new Medical Warrant at all? But this leveling-down system does not, after all, touch the question. A right has been taken away and nothing substituted for it—that is the point. As to officers making arrangements for having a horse available when required—if this means anything, it means that the Government may occasionally give an officer half-a-crown for the hire of a hack for an hour. Why does not the War Minister solve this difficulty by providing for these and similar allowances by a consolidated pay? We doubt whether the removal of regimental medical officers has been effected in a manner which will cause the least difficulty to them. We had always been given to understand that, in carrying out the principles of unification, existing rights would be respected, and that a new Warrant would not be retrospective in its action. With a tenure of five or even three years, it seems to us that the removal of regimental medical officers from their regiments would have been effected in a much fairer and better manner. We hear that it is intended to retain medical officers with their regiments as far as possible. Meanwhile, Mr. CARDWELL has invited any officer who may feel aggrieved to state his case, and we presume that this will be done. Not a word is said in the Memorandum as to the medical officers who may be serving with regiments being relieved from future contributions to the mess; and no explanation has been proffered by Mr. CARDWELL of the virtual abolition of the Director-General's position as head of the Medical Service.

SINCE the year 1840, when SCHÖNBEIN, of Basle, discovered ozone, few substances have been more frequently investigated, and few have been the subject of more discordant theories. It has been regarded in turn as an elementary constituent of nitrogen, as a peroxide of hydrogen, as a nitrous compound, as an electrised condition of oxygen, as an elementary constituent of oxygen, and finally as a condensed form of oxygen. The last of these views was suggested as a brilliant hypothesis by Professor ODLING in 1860, and has been completely confirmed by subsequent experiments; of which the earliest in order of time were those of SOREY, and the latest the elaborate researches by Sir BENJAMIN BRODIE, communicated to the Royal Society in June of last year.

In a recent course of lectures at the Royal Institution, Professor ODLING has presented an admirably lucid sketch of the history of discovery in regard to ozone, and his demonstrations must have cleared away the fog from a good many minds among his hearers. If any fault could be found with the lectures, it was that the lecturer, in his desire to expose the errors in the older views of the nature of ozone, devoted almost more time to them than some of them deserved, and was in consequence compelled to omit many important facts and speculations in regard to his subject.

It is both curious and instructive to observe the part played by SCHÖNBEIN in the ozone researches. To him we owe its first recognition—for the chance observation by VAN MARUM in 1785 can hardly be called a discovery,—several of the most important methods for preparing it, the well-known ozone test, and a host of interesting reactions in which ozone and its analogue, peroxide of hydrogen, are concerned. And yet SCHÖNBEIN maintained at different times no less than three or four distinct theories in regard to his favourite subject, all of which have turned out to be erroneous. The explanation of this seeming anomaly is to be found in the fact that the work of SCHÖNBEIN was entirely qualitative. He never weighed and never measured, and, unfortunately for him, weighing and measuring of the most exact kind are just what is wanted for the reading of a riddle like that of ozone.

Omitting minor researches and those which have been proved to be delusive, we find that the first step towards a true knowledge of ozone was reached by MARIGNAC and DE LA RIVE in 1845, and BECQUEREL and FRÉMY in 1852, who showed that ozone could be produced by the action of electricity on pure dry oxygen. They were followed in 1856 by ANDREWS, who confirmed their results, and proved the identity of the ozone obtained by different processes. Then came the great and laborious research published by ANDREWS and TAIT in 1860. In this splendid memoir the authors proved that, in the formation of ozone by the action of the silent discharge upon pure oxygen, there was a contraction of volume, which amounted as a maximum to one-twelfth of the original oxygen. When the ozonised oxygen was heated, the gas was restored to its original volume, and all its ozonic characters were lost. They then, very naturally, attempted to determine the volume of the ozone formed during the electrisation by absorbing it by mercury, iodide of potassium, and other reagents which were capable of being oxidised at its expense. To their surprise they found that, after the oxidation of the reagent and the consequent destruction of the ozone, the volume of the remaining gas remained exactly the same. An imaginary example will render this point clearer. One hundred volumes of oxygen are submitted to the silent discharge. The volume gradually contracts until it is reduced to 92. This mixture of ozone and oxygen is then shaken with mercury. The mercury undergoes oxidation, but the remaining gas, which is now nothing but common oxygen, is still found to have a volume of 92; so that, to use the words of the authors, "the mean result of the three series of experiments as they stand gives, on the allotropic hypothesis, almost exactly an infinite density for ozone."

It was at this embarrassing stage of the investigation that Professor ODLING came forward with what has been since proved to be the true explanation of the apparent absurdity—the true theory of ozone. He pointed out that these experiments could only be explained by assuming that ozone was a more condensed form of oxygen, and that when mercury or iodide of potassium was oxidised by it, those substances really removed only the extra portion of oxygen—that portion, in fact, which had previously been condensed. He suggested that, whereas ordinary oxygen contained two atoms in each molecule, ozone might contain three in a molecule of equal volume. Hence the formula for ozone should be that which is now universally assigned to it—namely, O_3. When mercury is oxidised it takes up only one atom of oxygen, leaving O_2, which has the same volume as O_3.

If this ingenious theory be correct, it is obvious that ozone should be half as heavy again as oxygen—should have, in fact, a specific gravity of 24, as compared with hydrogen. The verification was not long in coming. SORET, in 1865, lighted upon a substance—oil of turpentine—which had the property of absorbing, not one atom, but the *whole molecule* of ozone. Following the imaginary illustration used before, he found that, if the 92 volumes of ozonised oxygen were treated with oil of turpentine instead of mercury, the volume was reduced to 76, showing that the 8 volumes of oxygen which had disappeared during the formation of the ozone must have combined with 16 more volumes of oxygen to form 16 volumes of ozone, and that ozone was therefore really half as heavy again as oxygen. SORET also determined the density of ozone by a method of diffusion, with substantially the same result.

The recent researches of BRODIE, to which we have before referred, have been the work of several years. He has devised a form of apparatus which admits of the greatest exactness in the measurements of the gases concerned. The ozonised oxygen is stored in a gas-holder filled with oil of vitriol instead of water. From thence it is removed by a pipette of known capacity, and is then carried through a small series of bulbs, in which it can be destroyed by heat or exposed to the action of any desired reagent. Finally, it passes to a measuring apparatus, where its volume is again accurately determined. The result was the complete confirmation of the theory of ODLING and the experiments of SORET. Several new reagents were found—notably stannous chloride and hyposulphite of soda, which were equal to oil of turpentine in their power of absorbing the whole of the ozone, and the results all agreed in giving for ozone a density of 24.

The beautiful train of researches which we have here very imperfectly summarised suggests numerous ideas to the scientific worker, and it is not too much to hope that our more accurate knowledge of this interesting substance will lead us to wider and more profound views on the subject of chemical constitution.

THE importance of efficient skilled nursing in the management of the sick is now so thoroughly understood and appreciated that we do not hesitate to acknowledge our satisfaction on meeting with the following paragraph

in a notice now circulating among the influential members of the profession in London and the aristocracy generally:—

"It is proposed to establish an institution in this country similar in its objects and constitution to the Frauen Verein in Germany. It will chiefly be intended for the education of ladies who are anxious to devote themselves to nursing as a profession."

We feel sure the scheme will secure the support of the influential circles of society to which it has been made known; and we have reason to believe that the proposed institution only requires to be actually founded, and to give proofs of its vitality, to ensure royal patronage. The practicability and the good results of thus utilising the services of ladies, of all ranks, has been most satisfactorily demonstrated by the Darmstadt Frauen Verein for training nurses, and we are sure that there exists no sufficient difference between the ladies of our own and those of the German nation to militate against the success of the proposed scheme in this country. One of its main features must be the exclusion of all religious matters calculated to provoke disputes; and upon an impartial tolerance of all beliefs its success will greatly depend. There can be no doubt that at the present moment there are ladies in this country who are deterred from proving themselves valuable nurses only by the great difficulties they would have to encounter in acquiring a proper training unless they joined some sisterhood with professed religious views; and but small experience suffices to show how fatal the clashing of religious sections proves to the full harvest of good work which might otherwise have resulted. We do not see the advantage of any distinguishing dress for a society of ladies, and therefore trust that in the details of the proposed scheme the question of uniform will not be mooted.

It is impossible to make all see the same thing in one light, but it does appear hard to imagine how any, no matter what view they take of woman's mission, can dissent from those who advocate nursing as a fair and proper field for the employment of ladies. Though the nursing will resemble the medical profession in that no money can adequately repay devotion to its practice, yet it will offer to ladies an honourable and suitable employment. The nursing profession will, we fear, prove, like the medical, one that is inadequately paid; but this will not, we hope, deter those most likely to succeed from embarking in so humane a calling.

We feel sure that in this, the active part taken by Her Royal Highness the Princess LOUIS of Hesse in the Darmstadt Frauen Verein will afford another instance of the great practical value of the lessons set by members of our Royal Family; and we have little doubt that the advice which will be generously offered to the promoters of the London scheme from the experience gained in Germany under the patronage of Her Royal Highness the Princess LOUIS of Hesse will prove of great service. This scheme, if properly carried out, might afford to gentlewomen of small income an opportunity of increasing their means in discharging a noble mission. We hope soon to give a full account of the progress of the scheme, and as the labour which gave birth to it is now known, we anticipate that it will not be long before the institution will be able to give proofs of its vitality.

Medical Annotations.

"Ne quid nimis."

THE ORDER OF THE BATH.

OUR readers cannot have forgotten the trenchant and caustic protest of the late Charles Lever against the systematic withholding from medical men of their legitimate recognition and rewards. His words seem to have fallen on deaf ears in high places, if we may judge from the promotions in and appointments to the Most Honourable Order of the Bath made on the last celebration of Her Majesty's birth-day. With the exception of Surgeon-General Muir, no medical man figures among the twenty-four ordinary members of the military division of the second class; while among the sixty-six of the third class only Inspector-General of Fleets and Hospitals Dr. Rees, Inspectors-General Drs. Dane and Marlow, and Surgeon-Major Wyatt, appear for the profession. Surgeon-General Muir is the present head of the Sanitary Branch of the War Office. In congratulating Sir William Muir, we have the gratification of congratulating an old friend. We believe that we are simply expressing the general feeling of the Medical Service in saying that no man had better claims to such a distinction. Sir William Muir's services included the whole of the Crimean campaign, and he was subsequently present in India during the mutiny. He was the principal medical officer of the British force during one of the best-conducted campaigns on record, that of the last Chinese war; and he was subsequently selected to proceed to Canada, in medical charge of the expedition on the occasion of the *Trent* affair. The happy turn which events took, however, soon converted him into the ally and warm admirer, instead of the enemy, of the American service. Commissioned to proceed to the army of the Potomac, he soon became closely associated with Dr. Hammond (Surgeon-General), Dr. Barns, and many other officers of the United States' Army. This was advantageous on both sides. His previous experience was of some service to them; but the magnitude and novelty of their field operations, as well as the large scale and variety of their hospital constructions, were of still more service to him, by enlarging his experience. After being the head of the institution at Netley, he was again sent abroad as the Principal Medical Officer of the British Forces in India. Sir William has, consequently, for many years past held very responsible positions; and if he has had what is termed luck, it has been the luck that attends on courage and independence of thought and action. There is one name conspicuous by its absence—that of Inspector-General Lawson,—whose services, as it seems to us, most richly deserved a public recognition of this kind.

ANÆSTHESIA BY COLD.

THE question of the existence of separate conductors for impressions of touch, tickling, pain, temperature, and for the muscular sense was originally broached by M. Brown-Séquard, who brought much pathological evidence to bear upon the point. He holds that the nerves conveying these several impressions form distinct columns of the spinal cord, and that, whilst the conductors of the muscular sense do not decussate in the spinal cord, but, like those conducting voluntary impulses, do so in the medulla oblongata, the remaining four sets of conductors all decussate in the cord,

and form two groups, those coming from the lower limbs and greater part of the trunk constituting a set placed behind a second set coming from the arms and the neck.

A series of researches has just been published by Dr. A. Horvath, of Kieff, in the *Centralblatt* (No. 14, 1873), which give some support to M. Brown-Séquard's theory so far as impressions of pain are concerned. Dr. Horvath states that, having been engaged in some investigations upon the effects of cold on frogs, he was struck with the fact that, although immersion of the hand in ice-cold water soon produced intolerable pain, no pain was experienced when it was plunged into alcohol, even though this might be several degrees below the freezing point of water (−5 C.) Further experiments showed that ice-cold glycerine was equally ineffective in producing pain; whilst cold ether, on the other hand, caused severe suffering, and mercury was still less easily borne. The curious point about these experiments was, however, that when the finger was plunged into cold alcohol, although the sense of pain caused by cold appeared to be deadened, the finger was perfectly sensitive to even slight contact of another body or to pressure; and yet more—pricking with a needle to a degree which produced considerable pain in any of the other fingers was only perceived as a simple contact on the one immersed in cold alcohol. Thus it was apparent that, whilst the sense of pain for mechanical injury and for cold was abolished, the tactile sensibility of the skin was retained. Dr. Horvath suggests that the explanation may be found in the power of alcohol to withdraw water from the nerve-tissue, or perhaps to its capability of inducing temporary coagulation of the nerve-substance.

Some interesting therapeutical points are opened up by these researches, and it would be important to know how far cold alcohol might be applied to alleviate the pain of wounds, and especially of burns. Dr. Horvath states that in one or two instances of slight degrees of burn that have occurred in himself and in his friends he has found it has had a remarkably calmative effect, the pain almost entirely disappearing, and the subsequent progress of the case being singularly favourable. He suggests that the fatal termination of the severer cases of burn, which is generally attributed to the depression produced by the pain, might thus be prevented. In the same way, the application of ice-cold alcohol might, by alleviating pain, prevent the occurrence of traumatic tetanus; and if it could be made applicable to surgical operations, it might to some extent supplant chloroform.

MR. PLIMSOLL'S BILL AND MEDICAL INSPECTION OF SEAMEN.

WE have been at the pains to read most of what has been written on this very important subject, and are glad to refer to a pamphlet called "The Plimsoll Sensation," written by Mr. John Glover, because amid much matter very cleverly written and expressed, he hits on the head our one particular nail, in recording that many of the casualties that occur are due not so much to unseaworthiness as to the fault or incompetency of those on board. There can be no possible doubt that the Plimsollian agitation has, as Mr. Disraeli would put it, evoked much that is true and not new, as well as much that is new and not true. Indeed, there is hardly any question lately before the public to which this remark can more fitly be applied. We take leave, however, to call attention to the subject once and again, for the purpose of reiterating the importance of medical inspection of seamen. Preventable diseases are now receiving some sort of attention at the hands of the Legislature, but little or nothing is done to prevent loss of service at sea, although this loss of service indicates risk to the ship and to all hands on board. And although Section 10 of the Merchant Shipping Act of 1867 provides for the medical inspection of seamen before signing articles at the rate of two shillings per head, it has been, up to the present time, almost entirely a dead letter. The clauses in Mr. Glover's article relating to "Seamen and Drunkenness" might have been with advantage amplified and extended very considerably, and that to the manifest assistance of his own cause. Separating the sense from the sensationalism of the question, it is perfectly clear that, as no vessel can be independent of manual aid, it will be one of the duties of the Royal Commission now sitting to decide how far the want of manual aid has influenced the loss of ships, and how far the evil can be mitigated by ensuring that all vessels shall "start fair," with sound and healthy crews. Mr. Thomas Gray, Marine Assistant Secretary, and Mr. R. G. C. Hamilton, Financial Secretary to the Board of Trade, have recently presented to the chief of their Department a voluminous report on "British Seamen," in which medical inspection is specially commented upon; and the following pertinent observations are recorded:—"The proposition fairly open for consideration is—should not the shipowner always be called on and required to pay for diseased sailors left abroad, unless he shows that he took the proper and necessary precautions to have his seamen examined medically before leaving the United Kingdom?" Having regard to the fact that large sums of money are spent by the Government for the hospital expenses of British seamen abroad, and for their maintenance and conveyance home, the proposition of these officers appears fair enough, would, if adopted, lead to a general inspection before signing articles, and so tend very materially to ensure the safety of ships at sea.

THE ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, VENTNOR.

WE are glad to call the attention of our readers to the satisfactory progress and, as we hope, increasing prosperity of this institution, and can now criticise the working details of the establishment fairly and fully, having recently inspected the buildings. These now comprise five blocks, three of which have been opened, and are fully occupied by male and female patients. The fourth block has just been completed, through the munificence of Sir William Martin, who has built and furnished it entirely at his own expense. Mr. William Leaf and an anonymous benefactor have subscribed the funds required for a fifth block, and a sixth has been paid for by Mrs. Rimington, the erection of which will be commenced immediately. Each block consists of two houses, and each of these latter affords accommodation for from six to eight persons, so that the hospital, originally designed to consist of eight blocks, will, when completed, afford accommodation for about 100 patients. A central kitchen has just been completed, which is furnished with all the modern appliances for cooking, and is connected with the houses by a very conveniently constructed subway, which ought to prove of great utility in economising the service of the hospital. A chapel is in course of construction in the centre of the blocks, the cost of which will be defrayed from a fund specially subscribed for that purpose. So much for the general arrangements. Each block of houses comprises, on the ground-floor, entrance hall, sitting, dining, and washing rooms, the dining and sitting-rooms opening by French windows on to a verandah facing the hospital grounds and the sea. The separate bedroom system is adopted, those on the first floor being devoted to the severe, and those on the second floor to the milder cases. All these rooms look south, and open directly on a verandah which runs the entire length of the

house. Warmed air is supplied to these rooms from the corridor, which latter is heated by hot-water pipes. One in-cast and two up- or out-casts are provided in every room, and the corridor, in its connexions with the staircase, is furnished with movable glass shutters, so that the temperature of the corridor, and, *a fortiori*, that of the rooms, can be regulated very accurately. The administrative staff consists of a medical officer and matron, and is just now very properly conducted on principles of economy as well as of efficiency. The scale of rations is very liberal, and the general arrangements are superlatively comfortable. A careful survey of this institution must inevitably result in an impression that the hospital was not designed, and is hardly fitted, for persons of the pauper class. Indeed, as we are informed, the hospital is intended to be, to a certain extent, self-supporting, and hence is best fitted for those very numerous classes in England who cannot and do not under any circumstances go to the parish for relief, but to whom loss of health is, in an emphatic sense, the high road to destitution. Accordingly, among those admitted during the past year we found clerks, governesses, school teachers, needlewomen, milliners, journeymen, and warehouse assistants. It is, as we take it, a very laudable proceeding to help people in these walks of life from sickness to health, and we believe that the institution is well deserving of support, because it should supply a want that has been long felt in the metropolis and the country generally. Too much praise cannot be given to Dr. A. H. Hassall for his energetic and unceasing labours in originating and developing the resources of this hospital.

SNAKE-POISONING IN INDIA.

THE intravenous injection of ammonia in sufferers from snake-bite having unfortunately failed in India (whatever may have been its success in the hands of its originator, Dr. Halford, in Australia), renewed attempts have been made to counteract the poison by Prof. Fayrer, of Calcutta, than whom there is no higher authority on the subject. By a long series of experiments he has ascertained that while none of the so-called "antidotes" are of any avail, life may be prolonged and ultimately saved by artificial respiration. Dr. Fayrer found a strong analogy between the action of cobra poison and that of curara, the cure for the latter being the application of warmth to the body and artificial respiration. In this way, after apparent death for many hours, the poison is eliminated by the excreting organs, and the victim recovers. Curara paralyses the peripheral expansion of the motor nerves, inducing asphyxia in the muscles of respiration. Cobra poison acts similarly, though Dr. Fayrer fears it may also do irreparable injury to the nerve centres. His chief difficulty is that of obtaining the poison, and he urges the Indian Government to institute a thorough investigation into the subject. Varying quantities of poison, he suggests, are to be hypodermically injected into dogs, care being taken to avoid large veins. When the symptoms of poisoning appear, artificial respiration is to be commenced and kept up, while the body must be maintained at blood-heat. The urine is to be drawn at intervals and inoculated into pigeons or mice, to determine if elimination is going on by the kidneys. Dr. Fayrer believes that, whatever the result when an overwhelming quantity of poison has been received, those cases in which a smaller quantity has been injected, and which, if left to themselves, would die, may by artificial respiration be saved. Acting on his suggestion, Mr. Richards, civil medical officer of Balasore, in the case of a dog, sustained the heart's action for ten hours, though convulsions had set in when he commenced artificial respiration. In another case he kept up the heart's action for twenty-four hours and thirty-five minutes. "The eyes had lost the glazed appearance, lachrymation was restored, and there was a winking of the lids on dropping water into the eye, attempts at deglutition when water was put into the mouth, and the heart beating vigorously." Mr. Richards moreover thinks that the application of a ligature on the proximal side of the bitten part would, when the reaction occurs, prevent absorption of any superabundant poison lying in the tissues about the wound.

PROMOTION OF SCIENCE BY A CITY COMPANY.

WE have great pleasure in quoting from *Nature* that the "Fishmongers' Company have handsomely presented to Mr. W. K. Parker, F.R.S., so well known for his valuable researches on the Foraminifera, the shoulder-girdle, and skull in vertebrated animals, the sum of £50, in addition to an allowance of £20 a year for the next three years, in order to enable him to pursue such parts of his work as relate to the anatomy of fishes." This, we trust, will form a precedent for other of the great and wealthy city companies to follow. Why should not each of them, the Mercers', the Goldsmiths', and the Merchant Taylors', set aside one poor hundred a year out of their enormous revenues for the promotion of science? Some, indeed, do liberally aid in education; but a little help would be very grateful to many a man whom at present the *res angusta domi* tie to the desk, or the routine practice of our own profession; and most of the leading men could readily supply the names of several genuine and original workers who would apply the funds thus placed at their disposal to such advantage as should more redound to the credit of the Company than all the entertainments ever given by them to prince or potentate; and although the deductions made by Mr. Parker in his investigation of the great class of animals from which the Company derives its name may not add to the pleasure or enlarge the profit of its consumption as food, we are sure that their dinners will sit the lighter and their rest be sounder if the members feel that they have afforded some aid in the promotion of science.

FEVER IN LANCASHIRE.

WE recently directed public attention to the very unhealthy condition of Fleetwood, and not without some effect, we are glad to say. Our statements as to the prevalence of a malignant type of scarlatina and the deplorable condition of the drainage, or rather absence of drainage, seem to have been in no way exaggerated. We learn from the communication of the special correspondent of the *Liverpool Daily Post* at Fleetwood that scarlatina has been more or less prevalent there in an epidemic form for the last two years, that the mortality had of late considerably increased, and that recently no less than ten corpses were on one day awaiting burial, and this in a place where the population does not exceed four thousand souls. Owing to the annotation that appeared in this journal of the 10th inst., it would seem that Dr. Gwynne Harris, a Poor-law inspector, has been sent down to inquire into the existing state of matters and to ascertain the causes of the epidemic. With all its natural advantages, Fleetwood ought to be one of the healthiest places in the kingdom, which the special correspondent of our Liverpool contemporary declares it is very far from being. "Scarlatina appears to be one of the idiosyncrasies of the place. It only disappears to reappear again." Looking at the sanitary condition of the town, he declares that the wonder is that an epidemic of typhoid form has not shown itself. The sewage finds its way into the river, but the fall is so imperceptible that whenever a spring-tide occurs the sewage is forced back into the sewers;

and, partly from this cause, partly from defective flushing and the nearly uncovered state of the drains, the atmosphere of the town is often rendered very offensive. The contents of ashpits and middens are washed away by the rain into the surrounding porous soil. One of the results is that the offensive matter percolating the soil finds its way underneath the floors of the houses and into the wells from which some of the inhabitants still draw their supplies of water. One of the results of the epidemic is that Rossell's College, distant about three miles from Fleetwood, is all but broken up, and the drainage of that institution is said to require the immediate attention of the Local Board. Altogether it was time that a Government inspector interposed on behalf of the inhabitants, in order to protect them against the results of their own negligence. In contrast with Fleetwood, the neighbouring town of Blackpool is said to be in an excellent sanitary condition. The sewerage is good, and epidemics of any kind are unknown. Preston is described as in an almost equally satisfactory state; but at Leyland, a township of about six thousand inhabitants, distant about five miles from Preston, fever is stated, on the authority of the *Liverpool Daily Post*, to be prevalent. The outlet to the drainage of this place is into a field at some distance from the houses, but without any attempt at irrigation to dispose of the sewage. At Farringdon and Cuerden, again, fever is said to prevail and to be due to defective drainage. It is clear that a Government inspector might find employment in taking a sanitary tour in the direction of this part of Lancashire with advantage to the local authorities.

THE SANITARY ASPECTS OF EMIGRATION AT LIVERPOOL.

WE have been informed by a correspondent during the past week that our leading article headed "Sanitation Afloat" betrays want of knowledge on subjects connected with emigration business; that the medical inspectors at Liverpool are really saddled with a far greater amount of responsibility since the Board of Trade have supervised the work, and that they now look after the "ventillation" (*sic*) and the general "sanatory" (*sic*) arrangements. The orthography of our correspondent is unfortunately somewhat defective, but as he sends good tidings, and probably performs duties in a sphere where spelling is considered superfluous, this little educational peculiarity is of small consequence. He says, however, that "the examination of the provisions is, 'as a rule,' simply a mechanical performance, which, properly speaking, would be more suitable to a grocer's assistant or warehouse-clerk than to a medical man, since it consists not merely in seeing that the quality is good, but in counting the number of barrels and packages, &c., and comparing the quantity with that prescribed by Acts of Parliament." Assuming the information afforded by our correspondent to be correct (and he appears to write, as it were, *ex cathedrâ*), it must be confessed that the "qualitative" and "quantitative" duties of the inspectors are curiously combined. We do not at all subscribe to the idea enunciated by our correspondent that a grocer's assistant is competent to examine and report upon the quality of articles of food; or why the Adulteration Act, with all its difficulties? But, as we take it, any boy-clerk can count casks and parcels of sugar, even if he cannot spell. The opinion of the medical emigration officers is (according to our correspondent) that the "ventillation is ample, and that unless there could be some invention for supplying warm air instead of cold, the ventillation cannot be increased." We venture to suggest to our correspondent that several voyages on various oceans with large living freights would probably increase his experience, and diminish his confidence in theoretical dogmata of this sort. We have good reason to know that most of the reforms adopted by the Marine Department of the Board of Trade since they took over the work of the Emigration Commission were indicated by the Sanitary Commission of THE LANCET in a report on Emigrant Ships published last year, and that this report has received a great deal of official and general attention at the hands of all interested in sanitary science afloat. But much more yet remains to be done.

ST. MARY'S HOSPITAL, MANCHESTER.

A DIFFICULTY has arisen at this hospital in respect of a recent election of one of the surgeons. By a recently carried law of the institution it was enacted that no *candidate* should be eligible who practised pharmacy, and yet, as alleged, the gentleman elected did practise pharmacy up to and beyond the date of his election, by supplying medicines to the police force, to which he was surgeon. We may point out that, though it is common enough in London to debar the surgeon of a hospital or dispensary from practising pharmacy, we think it is open to question whether in the case of provincial charities it is advisable to insist upon all the *candidates* for a post relinquishing the practice, provided the successful one is compelled to do so when elected. In London midwifery is proscribed as fully as pharmacy, and unless provincial hospital surgeons are prepared as a body to forego this lucrative branch of practice, it appears undesirable to compel possible candidates for hospital offices to alter their practice as regards pharmacy.

To return, however, to St. Mary's Hospital. The election in question has given rise to a warm newspaper controversy, which has ended in formal notice being given to the Secretary to summon a Special General Board of Governors to determine the legality of the recent election, and to alter the obnoxious law so that no medical officer of the charity shall, after his election, hold, or continue to hold, an appointment from any club or sick society. This meeting is called for June 23rd, and in the meantime we may remark that the supplying of medicines to a body of men like a division of police, if undertaken by a chemist by direction of a surgeon who simply writes the required prescriptions and pays the dispenser a fixed price for his work, does not appear to us to imply that the surgeon in question practises pharmacy in the ordinary sense of the words. We are aware that the contrary view was held at a recent election to a London hospital, when an otherwise eligible candidate was disqualified because, being surgeon to a division of police, he paid a chemist a fixed sum for honouring his prescriptions; but we regard that decision as impolitic and unjust.

THE RUGELEY DISTRICT HOSPITAL PROVIDENT DISPENSARY.

THE Report of this double institution for 1872 is satisfactory. The dispensary was founded in 1866; the hospital was built in 1871. The sum subscribed by benefit members in 1872 was £361 1s. 7d.; while the sum subscribed by honorary members was £120 15s. 3d.,—both sums being a considerable increase on those of previous years. The benefit members must be persons or families whose weekly income does not exceed £2, or in-door servants whose yearly wages do not exceed £12. The committee, in addition to the president (Lord Lichfield), vice-presidents, secretaries, and treasurers, consists of ten members—honorary and benefit. Each benefit member pays 1d. per week; but the entrance of five members of one family and household, the whole weekly wages of which do not exceed £2, entitles the rest of the family and household to all the

benefits of the Society without further payment. Subscribers of 10s. 6d. are honorary members, who may recommend one person. No person can be admitted as a benefit member during sickness or accident without payment of a year's subscription as an entrance fee and proposing for admission one other eligible person in health, or receiving the recommendation of an honorary member. Every resident medical man, who is willing to be so, is an officer of the institution and an *ex-officio* member of committee. The terms of admission to the hospital are as follows:—Members of the Rugeley Provident Dispensary and of Friendly Societies in the parishes named in Rule II. are admitted on a payment of 5*s.* weekly. Sick persons recommended by subscribers at 7*s.* weekly; other patients at 10*s.* 6*d.* weekly, subject to the approval of the Committee. The contributions of benefit members are divided among the medical officers in proportion to the cases attended. Last year £370 11*s.* 7*d.* was so divided among them, three in number—viz.; D. W. Monckton, M.D.; E. T. Tibbits, M.D.; E. T. Tylecote, M.D.

DISABILITIES OF LICENTIATES OF COLLEGES OF PHYSICIANS.

LAWYERS differ, to say the least, as much as doctors. We recorded last week a case in which a licentiate of the London College was nonsuited on the ground of not being an apothecary. This week we have an opposite decision in favour of a Scotch licentiate, who, a few weeks ago in the same court, though by another County Court judge, was nonsuited on the ground that without the apothecary's licence he had acted as an apothecary. Mr. O'Flanagan, the redoubtable hero of the successful suit, urges in a letter, published in THE LANCET of this week, the necessity of a judgment in the superior courts, if these conflicting judgments are to be discontinued. Though in the last case the judge decided in his favour, he did so with much hesitation, and, as far as we can gather from the report, on a false ground—viz., that only Scottish licentiates and apothecaries could practise as general practitioners in England. This is confusion worse confounded. Surely the two Colleges will not allow this uncertainty to remain. It clearly makes the licence of the College of Physicians of less value for the general practitioner than the licence of the Apothecaries' Hall. The case is reported at length in the *Durham Advertiser* of May 23rd. We append a few words which show the Judge's embarrassment, and the doubtful nature of the reasoning upon which he arrived happily at what we consider a sound conclusion.

"Section 31 of the Medical Act, as pointed out by the late Lord Chancellor when Vice-Chancellor Wood, in the Attorney-General *v.* Royal College of Physicians, 30 L, ch. 757 (a case which has a good deal of bearing on the present one), is not very clearly worded. It enacts that every person registered under the Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be, and to recover his reasonable charges. It was argued in that case, and I am inclined to think correctly, though not decided, that the word reasonable charges for professional aid, advice, and visits, or the cost of any medicine, or other medical or surgical appliances, must be split, and be governed by the words 'according to his qualifications'—that is, that a person registered as a surgeon only may practise and recover as a surgeon only, and which has now been decided by Leeman *v.* Fletcher. If as a physician, as a physician (which before the Medical Act he could not do—Gibbon *v.* Rudd, 32L, ex. 182); and if as an apothecary, for medicines and attendance as such. It has, however, been proved before me that in Scotland the plaintiff, under his qualifications, would be entitled to practise as a general practitioner, and to recover for medicine and attendance; and by the 31st Section of the Act of 1858, any person registered shall be entitled to practise according to his qualification in any part of Her Majesty's dominions, and to sue. If, therefore, the plaintiff is entitled to practise as a general practitioner in Scotland, it seems to me, by virtue of the Act, he can practise as such in any part of Her Majesty's dominions. Although I have come to this conclusion, I cannot say that I think the point is clear, and had the cases been defended, and the defendants been desirous of appealing, I should have given them leave to do so."

THE ASHANTEE WAR.

SIR JOHN HAY'S question to the First Lord of the Admiralty the other night appears to have been a very sensible one. He wished to ascertain whether any hospital ships or transports had been despatched to Cape Coast Castle for the reception and treatment of those seamen and marines who might suffer from wounds or climate during the operations against Ashantee. It was, if we remember aright, under Sir John Hay's auspices that the hospital ships employed in the Abyssinian campaign were fitted out; and in the event of men being detained in a climate like that of the West Coast it would be very desirable to have such vessels. According to Mr. Goschen, however, no special hospital ships had been sent to Cape Coast, but the senior naval officer had been directed to have a ship ready to convey sick seamen and marines, if necessary, to Ascension. He had two paddle steamers at his disposal, besides being able to avail himself of the mail steamers. We are very glad to be assured that strict orders have been issued with regard to the landing of seamen and marines, which would not take place except in cases of emergency. It is to be presumed that the West Indian troops despatched to Cape Coast Castle will be compelled, by the prevalence of the rainy season, to assume the defensive for some time. If the Ashantees be suffering from epidemic small-pox, as stated, it is very possible that it will prove a more formidable enemy for them to encounter than the Fantees, for, by all accounts, an epidemic will find powerful allies in the dirt and defective hygiene present in the King of Ashantee's force. Dr. A. D. Home, C.B., V.C., has started for Cape Coast, and the promise of double pay, time, and leave accorded to volunteers from the medical service may not be without its influence on medical officers.

INFLUENCE OF VARIOUS AGENTS ON THE SECRETION OF BILE.

AT a late meeting of the Gesellschaft der Aerzte (28th March, 1873) a paper was read by Stricker, containing an account of some experiments he had made in conjunction with Dr. Röhrig on the circumstances influencing the secretion of bile. The defects of the former methods of obtaining the secretion were pointed out, and a new method suggested by which a canula was introduced into the ductus communis choledochus; from this depended a flexible caoutchouc tube, which ended in a mouthpiece that was kept constantly at the same level in a vice, thus avoiding apparent variation due to different height of the orifice of exit. These experiments showed that all circumstances causing hyperæmia of the bloodvessels of the liver increased the secretion of bile, whilst, on the contrary, all circumstances producing anæmia caused diminution. Thus the secretion was arrested in fasting animals, whilst it augmented after food. Water introduced into the stomach or intestines caused a slight but transient increase. The introduction of purgative medicines, as croton oil, colocynth, jalap, calomel, Epsom salts, &c., materially increased the secretion of bile. It was at once stopped by ligature of the vena portæ and vena hepatica. Ligature of the hepatic vein alone materially diminished the secretion; ligature of

the aorta at the diaphragm materially diminished the secretion, but did not entirely stop it; ligature below the origin of the cœliac artery augmented it; ligature of the vena cava ascendens immediately caused stoppage of the biliary secretion. All circumstances causing contraction of the vessels diminished the amount of secretion, as, for example, irritation of an exposed nerve, division of the spinal cord just below the medulla oblongata, and injection of strychnia.

SANITARY ARRANGEMENTS OF THE KHIVA EXPEDITION.

THE sanitary arrangements of the different corps engaged in the Khiva expedition appear to have been made with great foresight and care. The organisation of the Turkestan force includes a field lazaret of 270 beds for the troops engaged in active service, a temporary lazaret of 15 beds at each of the points which serve as bases of operation—namely, Irkibai and Tamdy. The lazarets are amply furnished with medicines, surgical apparatus, and other hospital necessities. Supplies are also furnished to these hospitals by the Russian "Society for the Succour of the Sick and Wounded in the Army," under the charge of Drs. Grimm and Preobrajensky. The Turkestan branch of this society has, moreover, contributed 1500 roubles for the organisation of a field lazaret of 20 beds.

Each soldier has a sheep's-skin coat, and his daily ration includes half a pound of meat, with spirit, and tea and sugar (one pound of tea and three pounds of sugar to every 100 men). Each company has 12 felt Kirghis tents, of which one is set apart for the officers, one for a field hospital, and 10 for the men. Each man has a felt rug, 4 ft. 8 in. in length by 2 ft. 4 in. in breadth, to lie upon. Fires will be used in the tents at night, their construction admitting of this. A large quantity of preserved meats are carried along with the troops, and acetic acid is mingled with the daily food. The *matériel* of the Kazalinsk column, military as well as of food and for the sick, is carried by 3000 camels. We may add that, in addition to arrangements for the carriage of water, the expeditionary columns carry with them a number of Norton's tube-wells.

THE MEDICAL BILL.

IT is difficult to learn anything about the Medical Bill. The third time fixed for a second reading—Monday last—again afforded no opportunity for either advancing the Bill or disposing of it. Perhaps Mr. Headlam may secure a day for the motion for the second reading after the holidays. The only advantage to be hoped for from such a motion would be a debate in which the points of this many-sided question might be put before the House. Nobody expects Mr. Headlam's Bill to make further progress; and, excepting himself and the Reform Committee of the British Medical Association, it is very doubtful if anybody wishes the Bill to proceed further. It would give us such cumbersome examination boards, such costly examinations, and such a huge Medical Council, that we should want another Medical Reform Bill in two or three years.

THE MACCLESFIELD INFIRMARY.

THE Dispensary at Macclesfield has recently been converted into an infirmary with twenty beds and the somewhat disproportionate staff of six surgeons instead of the single officer formerly attached to the dispensary. We presume the six surgeons will have charge of the in-patients in turn, but they have not unnaturally objected to being called upon to visit the out-patients at their own homes when requested, or rather ordered, to do so by a new rule of the institution. What makes the matter more disagreeable for the surgeons is that they are not to see out-patients at the infirmary—these are allotted to the house-surgeon; but they are expected to visit those out-patients who are unable to come to the infirmary to see their subordinate. So that, instead of the surgeon desiring the resident house-surgeon to call upon a patient, the house-surgeon will practically send the surgeon to see his cases for him. We need hardly say such an unheard-of state of things cannot continue for long, and we are glad to see that Mr. Birnie and Mr. Allwood, two of the honorary staff, have protested strongly against it. If the governors of the Macclesfield Infirmary cannot be made to see the impropriety of the course they are pursuing by other means, we should strongly recommend the gentlemen who have accepted office to resign rather than continue to submit to such humiliations.

DENTAL SURGERY IN THE PUBLIC SERVICES.

THE treatment, or rather want of treatment, of diseases of the teeth among our sailors has been more than once lately pressed upon the notice of the Admiralty, and the sister service is, we believe, no better off in dental matters. It is undoubtedly the fact that in the public services, as in private life, at a distance from large centres of population, where special practitioners are to be found, the only remedy for an aching tooth is a very radical one—its extraction. This operation is willingly undertaken and skilfully performed by many surgeons, who, however, would not undertake either to stop a hollow tooth permanently or to supply any deficiencies in the mouth artificially. Nor, indeed, can the most skilful dentist do more in most cases of acute toothache, when the agony has become unbearable and the nerve of the tooth is fully exposed. The case is different, however, when a patient is warned by a passing twinge that his carious tooth requires looking to, and in the hands of an able dentist such a tooth may be rendered serviceable for years by judicious stopping, preceded it may be by destruction of the tender dentinal pulp.

Now, to stop a tooth effectually so that it may be serviceable for years is by no means so simple a matter as it appears, and is an art not to be acquired in "six easy lessons." But men are not enlisted to serve for many years nowadays; and to expect every army and navy surgeon to become an expert dentist in the ordinary sense of the word would be absurd.

NOISE.

THAT a foul noise should be as much within the Nuisances Removal Acts as a foul smell is a conclusion to which the public, and especially the metropolitan public, have emphatically come. In the industrial and manufacturing districts the "buzzer" has breathed his last at the fiat of the Local Government Board; while actions at law and complaints in the morning journals attest the popular desire to reduce to a minimum the sleep-dispelling sounds that haunt city and suburb. During the season the worship of Terpsichore is accompanied with noises as hideous as those of the ancient Bacchantes, the conclusion of the dance being signalised by a shouting for carriages, a jostling, swearing, and general tumult as bad as the worst descriptions of Donnybrook. A ball was given the other evening in Grosvenor-crescent, and at its close the uproar was such that not an inhabitant of the place can have slept. Jeames, instead of being in attendance when wanted, was gambling in his boozing-ken, and could only be summoned to his mistress's carriage by the combined vociferations of a dozen linkmen. Such scenes occur in quarters where the formality of strewing bark or straw has been gone through, to the manifest prejudice of the patient whose sleep is disturbed

at the very time when it is most essential. Carriage servants must be in waiting in front of the house where they are wanted, and the clamorous vocation of the linkman will die a natural death, to the general joy of fashionable neighbourhoods.

SAVING LIFE AT SEA.

THE movement with which Mr. Plimsoll's name is associated must not make us forget that the saving of life at sea is enlisting other efforts quite as praiseworthy. In addition to the life-boat institution we have now that of the life-ship, first devised and recommended by Captain Hans Busk. That gentleman, himself a skilled seaman, showed that assistance could often be rendered from seaward and windward when no life-boat could possibly be launched from a lee-shore. His appeal to the public for the provision of such life-ships was generously responded to, but not to such an extent as to warrant him in attempting more, in the meantime, than the construction of a powerful sailing vessel combining with the buoyancy and self-righting properties of a life-boat the sea-going qualities of a Yarmouth yawl. The vessel, seventy tons in burden, is fast approaching completion at Oakyard-bank, Southampton, and her lines are as perfect as her purpose is noble. The committee in charge of her outfit are still in want of funds, though the Greek consul has subscribed £200, the Baroness Burdett Coutts £50, the Duke of Wellington £50, Major Carpenter £50, and Captain Busk £150. Surely the consummation of a project at once so ingenious and humane will not languish for lack of a few hundred pounds. The committee's bankers are the Messrs. Coutts.

ALESSANDRO MANZONI.

IN the literature of the world there are four classical descriptions of the ravages of plague—that of Thucydides at Athens, that of Boccaccio at Florence, that of Defoe in London, and that of Manzoni at Milan. Of these, the first and the last are the best, and are deserving of careful perusal by all medical men as specimens of how accurately even laymen can depict the external signs, as well as the social ravages, of a widespread epidemic. Manzoni's occurs in his splendid historical romance, "I Promessi Sposi," the best picture extant of Italian life in the sixteenth century—a work inspired by and worthy of ranking beside the "Ivanhoe" of Scott. Nothing can be more commendable than the care with which the illustrious author has studied all contemporary documents bearing on the origin, spread, and results of the plague, with its petechial eruptions and its rapidly fatal course, or the vivid animation of style in which, with the strokes of a master, he places the aspect of Milan before his readers. He is dead; but, even had his "Inni Sacri," his "Conte di Carmagnola," and his "Cinque Maggio" been unwritten, his name will live in the "Promessi Sposi" and the "Colonna Infame," for the power with which he describes the growth and spread of a foul disease and the terrible consequences incurred by its putative though innocent authors.

BABY-FARMING IN LONDON.

THE Infant Life Protection Act, which entrusted to the Metropolitan Board of Works the duty of supervising the baby-farms of London, does not work well; for it appears that altogether only twenty-five applications for licences under the Act, some of which related to institutions especially exempted from the Act, have been received—a number which seems to warrant Dr. Brewer's supposition that the Act is systematically evaded. From remarks made last week at the meeting of the Bermondsey Vestry, it would appear that there are several places in the parish which ought to be, but are not, under inspection; but this fact, though within the cognisance of the vestry, presumably leads to no result because it is the business of the Metropolitan Board and not of the district or parish authorities to interfere. Meanwhile the Metropolitan Board have resolved to call the Home Secretary's attention to the imperfect working of the Act, though they have decided by a small majority not to suggest that they should be relieved from the responsibility which the Act entails upon them. Are we to conclude that the several metropolitan parish and district authorities have declined to accede to the Board's appeal for help from their relieving and other officers in bringing under the Board's notice cases of unregistered baby-farms? It looks so.

MEETING OF ARMY MEDICAL OFFICERS AT ALDERSHOT.

WE are glad to notice that the authorities have acted in a liberal spirit to the Medical Service in this respect, that they have permitted medical officers to meet together for the purpose of representing their grievances, on the strength of Mr. Cardwell's assurance in the House of Commons that such representations would be "duly taken into consideration, with a view to explanation, or, if necessary, to alteration." With the sanction, apparently, of the Surgeon-General and that of the General in command at Aldershot, a meeting of army medical officers (numbering upwards of forty) was held at Aldershot on the 14th inst. The late Royal Warrant and the Army Circular regarding the duties in connexion with hospitals formed the subject of deliberation, together with some other points on which dissatisfaction exists among the medical officers. A document has been forwarded to us embodying all the alleged subjects of grievance, with suggestions for their removal. It would be impossible for us to discuss these *seriatim*; but we hope that Mr. Cardwell will give these representations his earnest consideration. They appear to us to be drawn up in a very temperate and proper spirit. Of one thing we feel sure—viz., that if Mr. Cardwell desires to allay existing discontent, he will, once for all, accord to the department a frank and full expression of his views and intentions. He evidently entertains the belief that much of it will pass away when the new brigade depôt system becomes established. Why does he not raise the official veil and show these officers the substance of the things hoped for?

MEDICAL RELIEF AT MANCHESTER.

A MEETING of the Committee of the Medical Charities of Manchester and Salford was held at the infirmary of the former town on Tuesday last under the presidency of Mr. Hugh Birley, M.P., to consider whether it is desirable to effect any change in the present mode of administering medical relief to out-patients at the various charitable institutions of both towns. The following resolutions were proposed and carried:—

"1. That this Committee is of opinion that some change is desirable in the present mode of administering medical relief to the out and home patients of the medical charities of Manchester and Salford.

"2. That the provident system appears to afford a suitable means for remedying the defects inherent in the existing mode of administering medical relief."

It was also determined to hold at an early date a meeting of the Committee and others interested in the question, to consider the nature and working of the provident system, and to invite from London and elsewhere the representatives of existing provident dispensaries.

THE IRISH COLLEGE OF SURGEONS.

THE Council of the Royal College of Surgeons of Ireland have taken the opinion of the Attorney-General on the legality of a proposed presentation to two retiring members of their body of a sum of money out of the College coffers. There appears to be abundant precedent for such a gift, and notably in the case of the late Abraham Colles, M.D., who in 1836 was presented by the College with his portrait and a hundred guineas to purchase a piece of plate. The Attorney-General (Mr. Walsh) has, however, decided that there is no warrant for the appropriation of the College funds in such a manner, and has also declared the payments hitherto received by the members of the Council who attend the examinations to be illegal. He likewise advises great caution in defraying the expenses of members of the Council who may attend in London or elsewhere to look after the College interests, though he does not regard the payments as forbidden.

The approaching election to the Council of the College in Ireland seems to excite more attention than the corresponding event in the sister institution in Lincoln's-inn-fields.

THE CLUFF AND BRUCE MEMORIAL TABLETS.

THE subscribers to these memorials will learn with pleasure and satisfaction that two marble tablets, by Monti, have been placed at the entrance of the General Library in University College, London, where both the deceased gentlemen were distinguished students. The tablet on the left side of the entrance, erected by the students of Trinity College, Dublin, and University College, is adorned with a photograph of the face of Mr. Cluff, but which unfortunately had to be copied from a portrait taken five or six years before death, and may therefore hardly be recognised by those who were acquainted with this gentleman only in the later years of his life. On the opposite tablet is a very good likeness, in white marble, of Mr. Alexander Bruce, whose successful career was so cruelly cut short four years ago.

THE HAMADRYAD SEAMEN'S HOSPITAL.

WE are glad to have the opportunity of correcting a statistical error inadvertently inserted in our report of the progress of this hospital some six weeks since. For it appears from the last annual report recently received, that the masters and owners of vessels frequenting the port of Cardiff have, during the past year, subscribed no less than £1556 towards the maintenance of the hospital ship, as compared with £1380 contributed in the previous year. We have always maintained the opinion that a port hospital ought to be aided, if not entirely supported, by small donations from every vessel that enters. Special arrangements might of course be made, as in the case of coasters, for repeated voyages, but we take it that, with proper organisation, and without any legislation, such a system as that which is now working so well at Cardiff might be successfully carried out in London and the other large ports of the kingdom.

ANOTHER DUTY FOR POOR-LAW MEDICAL OFFICERS.

GUARDIANS are hard masters. They are ingenious in heaping work on their medical officers, and soon angry if the medical officer declines to receive their interpretation of his duties. The Marylebone guardians have called upon their medical officer, Mr. McDonald—on their own admission a good officer—to resign, because he declined to examine the boys' and infants' schools weekly. He declined on the ground that such examination was not included in the Consolidated Orders. Mr. McDonald also refused to resign; and we think rightly. Medical officers have enough to do without being required to discharge the duties of the officers of the school or of the house. There was nothing disrespectful to the guardians in declining to do work not included in the Consolidated Orders of the Local Government Board, nor, we presume, in the contract between him and the guardians.

DERBY DISASTERS.

THE "memory of the oldest inhabitant" (who, according to Dickens, never remembers anything) cannot have recalled a vaster multitude of spectators than that assembled on Epsom Downs last Wednesday. Thanks, however, to the excellent police arrangements, and to the substitution of the rail for the road as a means of getting to the course, the casualties are yearly diminishing in number and gravity. During the day the admissions to hospital were fewer than on previous Derbies—St. Thomas's receiving two boys with scalp wounds from having been run over, and a man with contused ankle from being thrown out of a trap; while St. George's admitted a man who had fallen from an omnibus and fractured both bones of his leg and bruised his head; an infant whose leg had been run over and broken; a man with severe contusions sustained when drunk; and another with concussion of the brain, also due to drunkenness. None of these cases are likely to prove fatal; but we regret to say that two deaths on the road—one of a man engaged in a pugilistic encounter, another of a little girl crushed beneath an omnibus—will cast a more than transient cloud over an exceptionally brilliant celebration of our Isthmian games.

THE LEAVESDEN SCHOOLS.

THE salary of the medical officer of these schools has been raised from £70 to £80 by the spontaneous action of the guardians. Our readers will remember that our Commissioner some months ago visited these schools and found a good deal of work for the medical man in the way of skin disease and ulcerations of the feet. He also remarked on the inadequate salary of the medical man. We should be glad to think that our remarks have had the effect of exciting compunction in the minds of the guardians or of the School Committee. The salary is still too low. We confess that we scarcely know whom to blame most, the guardians for offering such a salary as £70, or the medical officer for accepting it.

SANITARY SCIENCE AFLOAT.

LATEST advices from Bombay state that the directors of the Peninsular and Oriental Company have been petitioned to provide special quarters in their steamers for invalids returning to Europe. A fair, though not of course a large, proportion of travellers from Bombay consist of officers and others who have been granted special absence from duty in India "on sick leave," and it is therefore worthy the consideration of the steamship companies whether some special accommodation could not be made for persons of this class, most of whom would be able and willing to pay for any additional comforts that might under these circumstances be provided for them.

THE WESTMINSTER HOSPITAL.

WE congratulate Dr. Anstie, who for twelve years has laboured in the out-patient department of Westminster Hospital, on his promotion, on the 27th inst., to the post of full physician, which he will doubtless fill with credit to himself and honour to the medical school. None but those

who have actual experience of it can form any conception of the anxiety and fatigue attendant on seeing a large number of hospital patients two or three times a week, and few know the demands that are constantly made on the patience and often on the pocket of the physician and surgeon in hospital practice. All this service will appear the more praiseworthy when it is remembered that it is given gratuitously, and often at a sacrifice of personal comfort, as when patients are seen in dark damp places like the cellars at the Westminster Hospital.

HOSPITAL SUNDAY AT GREENWICH.

CANON MILLER, the well-known and enthusiastic supporter of the movement when first instituted at Birmingham, was, in consequence of unavoidable duties at Worcester, compelled to anticipate the metropolitan Hospital Sunday in his own parish of Greenwich, and, accordingly, preached two sermons in one church on the 18th, and two in the other on the 25th, in aid of the movement. It is superfluous to record that the cause was abundantly well represented on these occasions. We are informed that the total result amounted to nearly £200, and we fully subscribe to the concluding remark of Dr. Miller's last sermon, to the effect, that if the rest of the metropolis contribute as liberally as the inhabitants of Greenwich, Hospital Sunday will be a grand success.

OPHTHALMIA IN SCHOOLS.

THE experiment of prolonged isolation and treatment of cases of chronic contagious school ophthalmia is about to be tried on a large scale, for some two hundred children suffering from the disease in various degrees of intensity are now being removed from the North Surrey District School at Anerley to the Whitechapel Workhouse, a new building in South-grove, Mile-end, as it is hoped that by the adoption of this plan of isolation and the careful treatment of the cases for six months, the disease may be eradicated from the Anerley school. Though a large proportion of the children in the school are affected, the majority of the cases appear to be of a very mild type. As may be supposed, this costly system of isolation has been determined upon only after the failure of all other means had shown that careful and skilful treatment alone was insufficient to eradicate the disease.

KILLED AT HIS POST.

MR. LUTWIDGE, the Commissioner in Lunacy who, while visiting an asylum near Salisbury, was stabbed in the right temple by one of the patients, died on the evening of the 28th inst., a few minutes before the arrival from London of Sir James Paget. The fatal blow was inflicted with a long nail, and was followed by a paralytic affection, from which he never rallied.

PROFESSOR SHARPEY.

DR. SHARPEY'S progress has, unfortunately, not been very satisfactory during the past week, the chief cause of anxiety being the low condition of health. The state of vision is still very good, but for some days past there has been considerable conjunctival irritation and œdema.

WE are told that there will be no total eclipse of the sun visible in England until August 11th, 1999; and even then it will be confined to the south-western part of the island. This news is as interesting as the information lately put forward by a continental astronomer to the effect that in ten thousand years the winters will not be quite so cold as they are at present.

DR. BLAXALL, R.N., one of the medical inspectors of the Local Government Board, lately investigated the causes of endemic typhoid at Sherborne. From the report issued by Dr. Blaxall on the termination of his labours we gather the following practical suggestions which he offered to the Local Board of Health:—"1. That all the medical gentlemen of the town should be invited to inform the Board of the appearance of any fresh cases. 2. That means should be provided for the removal of sick persons to some improvised hospital for the purpose of isolation. 3. That the rooms of many cottages, where fever has been prevalent, should be whitewashed and cleaned. 4. Disinfectants should be supplied to all persons where fever is present, and that existing pits and waterclosets should be systematically disinfected by some individual appointed for that purpose under the direction of the medical officer of health. 5. If possible, the water-supply to be kept continuous, in order that the pipes may remain full, so as to prevent the entry of sewer gases.

THE parliamentary return lately issued of the number of accidents which had occurred during the past year shows that in London, with a population of 3,885,641, there were 139 people killed and 2961 maimed or injured. In Birmingham, with a population of 343,787, there were 8 people killed and 26 injured. In Leeds, with a population of 259,212, 10 people were killed and 35 injured. In Liverpool, with a population of 493,405, 23 people were killed and 486 injured. In Manchester, with a population of 351,189, 18 people were killed and 231 injured. In Sheffield, with a population of 239,946, 9 people were killed and 30 injured. In Dublin, with a population of 336,600, 23 people were killed and 227 injured. In Glasgow, with a population of 466,693, 18 persons were killed and 156 injured.

A MEETING of milkmen was held at Richmond on Friday, the 23rd inst., to consider the manner in which the interests of their trade were affected by the Adulteration Act. As might have been expected, considerable dissatisfaction was expressed at the recent convictions by magistrates, and a committee was formed to draw up propositions for the future guidance of the trade. It would be interesting to learn the nature of these propositions: whether they will evince a desire honestly to comply with the law, or whether they will simply suggest subterfuges for evading what are no doubt considered by the trade the oppressive terms of the Adulteration Act.

THE following members of the medical profession were presented at the last levée: Surgeon-Major Cunningham, M.D., 20th Hussars; Surgeon Ernest Wyndham Cottle, Scots Fusilier Guards; Surgeon W. Folliott, 20th Hussars; Dr. W. C. Grigg; Dr. Pyle; Assist.-Surgeon D. O'C. Ray, M.D.; Surgeon William Peter Rawlins, H.A.C.; Dr. Richd. T. Tracy Melbourne; Dr. J. Lyte Wilkinson; and Edwin Saunders, Esq.

ISLINGTON would appear to be a very healthy part of London. Frequently lately Mr. Tidy, the medical officer of health, has had to show that the death-rate of the parish of St. Mary Islington compares favourably with the death-rate of London generally. In April, the annual death-rate was 17·2 per 1000, the death-rate of London being, for the same period, 22 of the population.

YELLOW FEVER is still very prevalent on the north-east coast of South America, and the crews of some of our vessels trading to ports in that quarter have been almost decimated. The quarantine regulations of course complicate commerce considerably.

THE course of lectures at the College of Surgeons will be resumed on Monday next by Dr. Humphry, F.R.S., Professor of Anatomy in the University of Cambridge, who will give three lectures "On the Varieties of the Muscles of Man"; and the entire course for the present year will be completed by Professor Holmes, F.R.C.S., who will deliver six lectures "On the Surgical Treatment of Aneurism in its various Forms," in continuation of his subject of last year.

HER MAJESTY'S Acting Consul-General at Constantinople reports that cholera has extended from Widdin (as stated last week) to Dragovista and Pesth, and cases are said to have occurred at Vienna. All arrivals from the Upper Danube are therefore subjected to ten days' quarantine in huts at Roustchuk or Soulina.

THE King and Queen's College of Physicians in Ireland having appointed a Committee to examine the Army Medical Warrant, they have drawn up a report, which has been adopted by the College and signed by its president, Dr. A. Hudson. A copy of the report has reached us, but too late for any further notice this week.

THE Medical Students' Christian Association at Edinburgh is doing excellent work in a quiet unobtrusive way. Its meetings are always well attended, and at the last one on Friday, the 9th inst., an address was delivered by Dr. T. Maxwell on the Relation of the Practice of Medicine to the Spread of the Gospel.

A BAZAAR in aid of the Créche Infirmary in Stepney-Causeway was held on Monday last, under the patronage of the Princess Christian, the Baroness L. and M. Rothschild, and the Earl of Shaftesbury. We are glad to learn that the result was a considerable augmentation of the funds of the institution.

IT is so rare to find a member of our profession leaving a fortune behind him, that we are sure our readers will rejoice with us in the knowledge that the late Dr. Bence Jones, whose will was proved on the 13th inst., left personal property to the amount of £50,000.

A COMPROMISE has been effected in the Court of Session case between the managers of the Edinburgh Royal Infirmary and the representatives of the late Mr. Allen of Haddingtonshire, by which the infirmary receives £5000 and defrays the expenses of the action.

THE report of Mrs. Gladstone's Free Convalescent Home for the Poor, just issued, states that 527 patients were received last year from the metropolitan hospitals. The total number of patients treated during that time was 1305, the cost of whose maintenance amounted to £1929 15s. 4d.

MRS. PARKES (better known as Miss Amy Sedgwick), widow of the late Dr. Parkes, was married at Brighton on Tuesday last to a solicitor. She was given away by Sir Cordy Burrows.

THE Bishop of Winchester will distribute the prizes to the successful students of the Charing-cross Hospital Medical School on Thursday, June 19th, at 4 P.M.

THE use of Australian meat is to be discontinued in the Essex County Gaol on the 1st June.

DR. E. SYMES THOMPSON will deliver the first of the Gresham Lectures for Trinity Term on Friday, June 6th.

Correspondence.

"Audi alteram partem."

SKIM-MILK TREATMENT OF DIABETES.

To the Editor of THE LANCET.

SIR,—In your impression of Saturday last, Dr. Barclay published a case of diabetes, treated in St. George's Hospital, with certain additional remarks tending to throw discredit on the efficacy of the skim-milk treatment of the disease. Dr. Barclay, however, has been good enough to desire me to point out any source of fallacy in his experiment. To this I readily respond.

Dr. Barclay kept his patient (as he supposes) on a skim-milk regimen for nine clear days, abandoning it on the tenth. This treatment, it is alleged, increased both the quantity of urine and the sugar it contained.

But nine days is not a fair trial. In several severe cases of my own, ultimately successful, but little improvement was effected in the condition of the urine before the lapse of ten or twelve days, a month or five weeks having been required to remove the sugar completely from the urine. In the case read before the Clinical Society the other evening by Dr. Greenhow, treated in the Middlesex Hospital, the sugar was but little reduced during the first few days, and not got rid of entirely until the end of a month. If, in this instance, instead of perseverance, the treatment had been abandoned on the tenth day, failure and not success would have resulted, and the remedy would have been condemned. In no instance can we judge of the efficacy of the treatment until it has been applied for a period of four or five weeks.

Dr. Barclay's case is, according to my experience, altogether anomalous, inasmuch as the urine sugar increased under the skim-milk treatment. This effect I have never once seen in the large number of instances in which I have applied the remedy. In about half-a-dozen formidable examples in which the disease had nearly run its course and a fatal issue was impending, the treatment produced but little reduction in the quantity of urine sugar; but in none of these was it ever increased. I cannot help believing, therefore, that, notwithstanding all the precautions taken, Dr. Barclay's case was one of those in which the patient had clandestinely indulged in pernicious articles of food, for which there is a morbid craving in the disease, and to obtain which the greatest ingenuity is sometimes displayed. I had the opportunity of witnessing an instructive example of this nature in the Middlesex Hospital the other day.

If Dr. Barclay will carefully examine the clinical histories of the cases I have published during the last four years, he will find that they are all, without exception, genuine examples of idiopathic diabetes, and mostly of a severe form, and not instances of temporary glycosuria.

I am, Sir, your obedient servant,

A. S. DONKIN, M.D.

Henrietta-street, Cavendish-square, W.,
May 26th, 1873.

To the Editor of THE LANCET.

SIR,—I have no wish to enter the lists with Dr. Barclay relative to Dr. Donkin's skim-milk treatment of diabetes, but I think it due to Dr. Donkin to record the following case, and take it for what it is worth:—Last year (in February) I was consulted by a female, aged fifty, suffering from diabetes. The disease had made its appearance about twelve months. I examined her urine, and found the specific gravity was 1045. She complained of her "eyesight being bad." I examined her with the ophthalmoscope, and found she had double cataract. I gave her Condy's fluid in drachm doses without any improvement for a fortnight. I then gave her skim milk, and she took nothing but skim milk for six weeks, either fluids or solids, except Condy's fluid. After taking the milk for three weeks, the specific gravity was diminished from 1045 to 1025. I lost sight of her until a fortnight since, when I again saw her, and although sugar is still in the urine, it is in very small quantities indeed, and the cataracts have not increased. When she commenced taking the milk, she could barely

walk across a small cottage kitchen, and after taking it three weeks she walked a distance of two miles to see me, with comparative ease. Was the milk obtained by Dr. Barclay pure?

Your obedient servant,

Norwich, May, 1873. T. H. COLMAN, M.R.C.S.E.

THE INSIDIOUS EFFECTS OF THE HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—In your issue of the 10th inst., you ask members of the profession to give information on the insidious action of the hydrate of chloral.

About three years ago I had a good deal of experience of this substance, but the subject of it being a near relative, I did not care about it being made public; neither do I now, but if any of my observations are of use, you may use them as you please, withholding my name and address.

My patient was my wife's sister, aged thirty, of sanguine temperament. She suffered at times from severe attacks of angina pectoris, though, in common with many medical men she had consulted, I could find no disease of the heart. It seemed rather smaller than natural. Several years before I knew her she had a miscarriage, and the flooding consequent on this nearly cost her her life. Since that time she had travelled from one medical man to another, submitting to experiments of one kind and another in the hope that she might become pregnant. In this, however, she was disappointed. Finally, she came under the treatment of the late Sir James Simpson, who took a great interest in her. This interest was intensified when she told him what a naturally powerful antipathy to sleep she had, and that she was a somnambulist. This last condition caused her to perform an extraordinary freak one night. She got out of bed at 1 A.M., partially dressed herself, went down stairs, and, followed by one of her dogs, let herself out. She then walked or ran two miles to the cemetery where her father is buried, and woke herself shaking the gates. Of course this gave her a dreadful fright, especially as she was pursued by a man on the way home. When she told me of this performance next morning I could scarcely credit it until she showed me the clothes she had worn. This narrative redoubled Sir James Simpson's notice of her, and he prescribed the hydrate of chloral in doses of forty grains at bedtime. This was used occasionally, but an attack of ovaritis supervening, it had to be used every night. At that time chloral was not known in the neighbourhood, and at considerable cost it was procured from Edinburgh. A curious feature in my patient's case increased the expense. After the first dose, whether we gave it all or in part, she *always* was sick, so that a double dose was used every night. I have noticed this in three other cases. The effect of the drug was almost instantaneous. She would go to sleep in two, three, or at most five minutes, even if she had an attack of angina. She slept quietly, and always expressed herself as quite refreshed in the morning. After the dose, her pulse, generally small and 80 per minute, would fall from ten to twelve beats; it would, after the lapse of half an hour or so, rise to 90 and even 100, and then, after some time, fall to its normal state. It was hard, but regular. Her respiration was quiet, and at times imperceptible. After a time, forty grains were useless, and an additional twenty were added. This in course of time gave way to eighty, and one night I remember giving within twelve hours 120 grains. This would probably be four months after the commencement of the chloral. By that time she had passed into a most unhappy condition. From having been a woman of strong will and excellent mental power she became listless and peevish—childish indeed in many things, begging for chloral, conjuring us all of our charity to give her a dose, and even offering rewards to the nurse (who had been ordered not to touch the medicine) if she would give her a double dose. Indeed, this madness grew on her so much that when the room was left for a moment one day she got out of bed, and fell in trying to get to the bath-room where the chloral bottle was kept. In fact, towards the end of her life her chief thought was how much chloral she would get at night. She was seized with diarrhœa about two months before she died, produced, I fear, by the chloral. During this diarrhœa she passed a large amount of gelatinous matter in the stools. It was held in check by charcoal and astringent enemata for some time, but she finally succumbed to it.

Taking this case, for I have never (though I have used chloral repeatedly) permitted it to be pushed to this extent, I have come to the conclusion that, as a temporary hypnotic, it is, as a rule, excellent, but that by keeping it up constantly it requires increased dose, and surely depreciates the mental and bodily tone.

I am, Sir, your obedient servant,

ANTI-CHLORAL.

Stoke-on-Trent, May 19th, 1873.

To the Editor of THE LANCET.

SIR,—I have used chloral in different cases of mania, but have not found much benefit from it in acute cases. The cases I find chloral suit best are those of nervous depression, when the patient is not able to sleep at night. I usually begin with a draught at bedtime, composed of twenty-five grains of chloral, twenty minims of tincture of hyoscyamus, and one ounce of water, and gradually increase the dose up to two scruples of chloral and forty minims of hyoscyamus, and I have used this dose in case of want of rest from nervous depression for three months without any ill-effects, but gaining for the patient a good night's rest, and have never had any head symptoms arise from the use of chloral. The only difficulty that I found was, when I had begun the chloral, how to leave it off, as in these cases the patients dread going to bed without a draught; so the way I found to act best was to decrease the dose as the patient got better, and I found this answer very well. In one case of nervous depression, in a patient who suffered from religious delusions and could not sleep at night—in fact, he said he had been taking chloral for some time before he came under my notice,—I tried him one or two nights without the draught, and he never slept a bit. He then took the draught every night for two months. His mental condition now much improved, and the only thing was, he could not sleep at night. He was very desirous of getting home, and I told him he could not be well while he was taking a draught at bedtime, so he agreed to have his draught with him, but not to take it for two hours every night, and then only a sip out of the bottle. This answered very well, and in a week's time he could sleep satisfactorily. From my little experience I have great faith in chloral in these cases.

Yours obediently,

SYDNEY OLIVE BISHOP, M.R.C.S.E., L.R.C.P.ED.,
Resident Medical Officer, Fisherton Asylum, Salisbury.

May, 1873.

HOSPITAL OUT-PATIENT REFORM.

To the Editor of THE LANCET.

SIR,—The question of out-patients at our hospitals is one which greatly affects the interests of the really deserving poor, as well as the body of general practitioners. It is, therefore, not one to be dismissed by off-hand statements. In THE LANCET of the 3rd instant you express a wish to have some facts given as to persons who should not have applied to hospitals for medicine and advice. I will, therefore, supply you with the initials of half a dozen persons, with their position, who have applied and have been admitted as out-patients to hospitals.

D——, a Custom-house officer, living in his own house, possessed of other means, and with a salary of between £200 and £300 a year.

F——, the owner of not less than thirty houses.

H——, a buyer in a wholesale city lace warehouse.

H——, collector for a water company, whose commission was about £400 per annum; also owner of house property.

U——, buyer for a wholesale city house, carrying on also a profitable retail shop, employing several assistants, and whose income could not be less than £1000 per annum.

W——, proprietor of a retail shop in a leading thoroughfare of a respectable suburb, with a flourishing business.

To this list I could add many others. It may be asked, how can these charities protect themselves from such impositions? I think if the physicians and surgeons were to put on a bold front, and energetically represent to the governors of hospitals the impositions practised, earnestly requesting that some regulations might be framed to deter persons not deserving charity from applying to such institutions, it would be a check. If all patients, in and out, were required to sign a declaration that their means were such as to prevent them employing a medical man, that their weekly income did not exceed 20*s.* or 25*s.*, and at the same time stating name, address, and occupation,—if all were requested deliberately to read and sign such a declaration, a vast number would withdraw, or the knowledge of having to sign such a document would deter them from applying, so that those really deserving would secure the attention which they have now great difficulty in obtaining.

I am, Sir, yours respectfully,

ROBERT BENTHAM, M.D.

Darnley-road, Hackney, May 17th, 1873.

MEDICAL BENEVOLENT SOCIETY.

To the Editor of THE LANCET.

SIR,—I have often thought of advocating a scheme somewhat similar to that mentioned in the last two numbers of THE LANCET. I should like to see the principle extended so as to embrace an allowance during sickness, an annuity in old age, and a life insurance, the last two to be dependent as to amount on the greater or lesser sum received during life in sickness. Then I would have it essentially the Medical Man's Life Office, to receive the support of the medical profession, similar to the one supported by the lawyers. It might of course be advocated among patients. If some men of note would represent London who would appoint an advocate in each county town, who again would get some one to represent the other towns in the county, and all these would give their gratuitous services, I think, with a little paid assistance to give a start, it might be easily accomplished.

I am, Sir, your obedient servant,

Worcester, May 26th, 1873. WM. WOODWARD, M.D.

FEMALE MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—It is needless at this moment to say anything respecting the dangers to which you think male students would be exposed if ladies should attend medical classes with them, as it is understood that the Birmingham authorities have all along proposed to establish "*separate* classes," and no female students are at all likely to complain of this arrangement if the instruction they receive equals, in quality and quantity, that given to men.

But, as a matter of justice, I ask you to allow me to give a threefold answer to your inquiry "whether male patients will be prepared to have catheters passed, &c., by the hands of female students," and to your assertion that all this is involved in the instruction of ladies in the science and art of medicine.

1. I am told that as a matter of fact female nurses are constantly required to pass the catheter for male patients in London hospitals and elsewhere, and I am not aware that anyone has protested against this practice, which is certainly not adopted for the convenience or benefit of the women.

2. It is at least an open question whether decent women are not quite as unwilling as decent men to "submit to surgical treatment at the hands of the opposite sex," though so long as their sisters are forcibly excluded from the medical profession they have no choice in the matter.

3. In my experience of more than four years as a medical student, I have never been required, or seen any other lady required, to perform such special services for male patients; and as I and my fellow-students have not the slightest wish or intention to practise ultimately among the opposite sex, I cannot imagine when or how any such necessity should arise; though if it did occur, it is to be hoped that both parties could meet the emergency in the same spirit that now exists, as we trust, between patients and doctors of opposite sexes.

I am, Sir, yours obediently,

May 26th, 1873. A FEMALE MEDICAL STUDENT.

*** We have yet to learn that it is a fact that in any London hospital female nurses are required to pass catheters for male patients, and do not believe the statement. We regret to have to put our statement more forcibly and plainly than we did before, but the extreme ignorance or innocence of our correspondent demands it. Our view is that "so long as (masculine) human nature is what it is," we do not think male patients can be submitted to manipulative examination by female students without the risk of an involuntary manifestation of excitement which would be painful to both parties.—ED. L.

Obituary.

JOSEPH JORDAN, F.R.C.S.

ON the 31st of March died Mr. Joseph Jordan, whose name as the founder and father of provincial medical schools will ever be kept in honour by the profession.

Mr. Jordan was born in Manchester, and, with the exception of a short period, resided in Manchester all his life. He retired from active practice about nine years ago, when he was in the 76th year of his age. As early as 1814 he gave regular courses of lectures on anatomy, with demonstrations and dissections, to classes of medical pupils and students. He was the first provincial lecturer and teacher whose certificates were accepted and recognised by the examining bodies in London. The Apothecaries' Hall began to accept his certificates in 1817, and the College of Surgeons in 1821. In 1826 he built a medical school in Manchester at his own cost, and, besides its lecture hall, provided it with one of the most commodious and best-fitted dissecting rooms in England, and transferred to it his own valuable museum, containing nearly 4000 anatomical specimens and morbid and other preparations. He subsequently placed this museum in the Manchester Royal School of Medicine. He devoted himself to the arduous duties of a public lecturer for twenty years. On retiring from the chair a public dinner was given to him by his friends in October, 1834, attended by almost every medical man of reputation in Manchester. On that occasion a handsome and valuable testimonial in silver plate was presented to him from his friends and pupils. Dr. Edward Holme presided at the dinner, and congratulated all present on being met "to celebrate the success of one who had attained to fame and eminence, not by courting the patronage of the wealthy, but by toilsome labour and unwearied assiduity in the pursuit of science, and by undeviating perseverance in the path of integrity and honour."

Mr. Jordan had further claims upon public regard as a large benefactor to suffering humanity by professional unpaid services. In his private practice, extending over more than fifty years, Mr. Jordan ever showed a special devotion to the relief of the sickness and suffering of the poor. His great professional skill, often unpaid, and even supplemented by a liberal purse, and that genuine kindness which ever doubles the value of a gift, won for him the blessing of thousands. Nor was his philanthropy less conspicuous in official positions. About 1819 he aided largely in founding the Lock Hospital for Women, of which he was the surgeon or consulting surgeon till he finally retired from practice. He was always a steady benefactor to the institution, in wise counsel and liberal donations. In 1835 he was appointed an honorary medical officer to the Manchester Royal Infirmary, and long filled the honourable position of its senior surgeon with the highest credit to himself and with great benefit to the institution and the community at large. Mr. Jordan was an excellent classical scholar, and devoted a great deal of his spare time to the perusal of his favourite authors, Horace, Virgil, and Cicero, and even within a few weeks of his death a friend read to him for an hour or two

daily out of these authors. The silver medal of the Society of Arts was awarded to him for a beautiful little lamp he had invented for examining the meatus auditorius and membrana tympani, also serviceable in investigating uterine diseases with the speculum. Mr. Jordan, in the year 1854, invented and applied a new and simple mode of treating false joints. His plan was recognised not only by his professional brethren in Manchester, but in June, 1856, Professor Nélaton, in a public lecture to his class, described the method as "a happy innovation, and one capable of receiving numerous applications." The priority of Mr. Jordan's claim to this invention was beyond doubt. Finding, however, that a French surgeon was introducing the method as his own, Mr. Jordan proceeded to Paris in 1860, where he published in French a treatise, illustrated with three plates, entitled "Traitement des Pseudarthroses par l'Autoplastie Périostique," which not only effectually extinguished any rival claim, but comprised a full and clear exposition of the mode of treatment in all its successive stages, and gave to the author a European reputation.

It was at one time proposed that some mark of her Majesty's favour should be solicited by Mr. Jordan's friends, to honour one who had conferred so much credit upon his profession in Manchester and so much advantage upon the community at large; but the modesty of the veteran self-sacrificing surgeon shrank from this distinction, and at his instance the movement was stopped.

J. VAVASOUR LANE, L.R.C.S.I.

WE are sorry to announce the sudden and melancholy death of Surgeon J. Vavasour Lane, of the 1st Battalion 4th "The King's Own Royal" Regiment, whilst on leave of absence. The deceased officer, who was only thirty-six years of age, was to have been buried at Kensal-green Cemetery, but at the express desire of the officers and the universal wish of the regiment, the corpse was taken down to Portsmouth by the South Western Railway, on Tuesday, the 8th ult., for interment with military honours. At two o'clock the following afternoon the mournful *cortège* started from the railway terminus, preceded by a firing party of 100 men and two subaltern officers of the regiment, under the command of Captain M'Ewen, and by the bands of the 4th and 104th Regiments and 3rd Battalion Rifle Brigade. The coffin, placed on a gun-carriage and drawn by four horses, was covered with a velvet pall and Union Jack, supported by the four senior captains of the regiment as pall bearers. On the top of the coffin were placed *immortelles* of white camellias, the deceased's cocked hat, sword, and accoutrements; it was followed by his brother, Mr. Lane (representing the family) as chief mourner, the officers of the 4th and those of the garrison, the non-commissioned officers and men of the deceased officer's regiment. On arriving at the cemetery the head of the procession was met by the Military Chaplain, the Rev. R. Alfred Corbett, B.A., who read the burial service, and afterwards proceeded to the grave and feelingly completed the rites, when the usual honours of firing three volleys in the air were paid. The deceased officer served with distinction throughout the Abyssinian campaign in 1868, in medical charge of the 1st Battalion 4th (King's Own) Royal Regiment, and was present at the action of Arogee and capture of Magdala (medal). He was much beloved and esteemed by all ranks in the corps, and many residents in Dover will remember him when quartered with his regiment. The following battalion order was issued on the receipt of the sad news of his death by the commanding officer:—"Battalion order. By Colonel W. G. Cameron, C.B.—Portsmouth, 5th April, 1873.—It is with extreme sorrow and regret the commanding officer has to announce to the officers, non-commissioned officers, and men of the battalion the death from dysentery of an officer so truly beloved and esteemed as Surgeon Lane of this regiment. His death took place in London last night. Surgeon Lane's whole period of service of fourteen years was spent in this regiment—nearly all in this battalion—to which no officer was more devotedly attached or more proud of belonging. His warm sympathy and regard for all around him, equals and subordinates, his steady friendship and professional ardour, must long endear his memory to all who had the privilege of serving with him and knew his kindly nature. The battalion has indeed lost in him a good officer and a most honourable, upright, and high-minded man. The officers will wear mourning for one month from this date."

MR. H. R. PARMITER.

MR. PARMITER, while out driving in his carriage, on Wednesday, the 23rd ult., sustained a compound fracture and dislocation of the right ankle-joint and compound dislocation of the astragalus, in consequence of the vehicle being accidentally overturned. Immediately after the accident, which occurred at Wool, Mr. Good, of Dorchester, was telegraphed for, and that gentleman, perceiving the serious nature of the accident, and deeming it expedient that the patient should be removed to the Dorset County Hospital, made arrangements accordingly, telegraphing to Dr. Hollis, the house-surgeon, to secure the attendance of Mr. Emson, Mr. Tudor, and Mr. Curme, by a quarter-past six o'clock in the evening. The sufferer was conveyed to the hospital with the least delay possible, being under the care of Mr. Good and Mr. Vatcher, brother of Mrs. Parmiter. At the hospital, Mr. Parmiter was attended by all the medical gentlemen named, receiving the utmost care and attention. Hopes of his gradual recovery were entertained; but towards five o'clock on Monday evening alarming symptoms of "spreading gangrene" set in, and Mr. Good had a consultation with his professional partner, Mr. Curme, on the case. On the following morning all the medical gentlemen met to consider the expediency of amputating, but it was decided not to adopt that course. The symptoms increased in intensity, and the gravest apprehensions were entertained. The unfortunate sufferer was visited by his immediate relatives during the day, and at six o'clock in the evening it was announced that mortification had resulted in death. It may be added that the deceased, thus suddenly cut off in the prime of life, and with bright professional prospects before him, had not reached his thirtieth year. In Wool and the neighbourhood the most profound sympathy with the family is felt.

BENJAMIN FIELDING MATTHEWS, M.R.C.S., L.S.A., NORTON, SUFFOLK.

ON Tuesday, the 8th ult., the grave closed over one who will long be remembered in Norton. Mr. Matthews practised for several years in this village, and was very highly esteemed by all classes, more especially the poor, who always regarded him as their friend and benefactor. For nine years he was resident medical superintendent of the Bedfordshire, Hertfordshire, and Huntingdonshire Lunatic Asylum, and was constant and unwearied, not only in his professional attendance on the insane, but in his endeavours to relieve and amuse their distempered minds. The high testimonials given him by members of the profession who have made psychology their special study show that he was peculiarly adapted for this branch of practice. After leaving Bedford, Mr. Matthews purchased a practice at Gower, Wales, and there, amidst the rough and rugged scenery of this mountainous country, he did his work amongst the poor unflinchingly. His remains were followed to the grave by many of his patients; also the Hand of Charity Lodge of Oddfellows, M.U., mustered in strong numbers to pay a last tribute of respect to their departed surgeon. It may be truly said of Mr. Matthews that he died in harness, for his last visit was paid to a patient in whom he had always taken great interest, and although at this time he was suffering great pain, he was anxious not to neglect a difficult case. His friends, Mr. Taylor, Ixworth, Dr. Short, Walsham, and Dr. Stevens, were unremitting in their attendance upon Mr. Matthews during his last illness.

JAMES INGLIS, M.B.

A YOUNG and promising physician has just been cut off in the person of Mr. James Inglis, son of ex-shoremaster Inglis, of Aberdeen. Mr. Inglis was a distinguished student at Aberdeen University, where he graduated M.B. and C.M. in 1872, and had laboured with much assiduity and success in the Franco-German war. While discharging the duties of resident medical officer in the Small-pox Hospital at

Aberdeen, his health succumbed to excess of work, and he was urgently advised to repair to New South Wales. But the advice came too late. He died on board the *Damascus* on the voyage out from London to Sydney.

GUSTAVUS IRWIN KNIGHT, M.R.C.S., L.S.A.

WE regret to have to record the sudden and unexpected death from apoplexy of Gustavus Irwin Knight, of Dorking, Surrey, where he had been in practice for upwards of twenty years. He was born in 1823, at Woolwich, became a licentiate of the Apothecaries' Society in 1847, and a member of the Royal College of Surgeons in 1848. He died on the 11th inst., much respected, especially by the poor of his neighbourhood, and truly lamented by all who knew him.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College passed the required examination and were admitted Licentiates in Midwifery at a meeting of the Board on the 26th inst.:—

Broom, Henry, L.K.Q.C.P.I. & L.R.C.S.Ed., Sheffield. (Not a member.)
Charlesworth, Henry, Longnor, Derbyshire.
Morrisson, Stammers, Albert-square, Clapham; diplom. memb. 1866.
Ward, Walter Alfred, Metropolitan Free Hospital; diplom. memb. 1872.

The following gentlemen passed the first part of the professional examination for the Fellowship of the College on the 26th and 27th inst.:—

W. Furner, E. Chambers, W. E. Buck, R. M. Boodle, C. S. W. Cobbold, J. C. Verco, and R. T. Thomas, St. Bartholomew's Hospital; W. H. Harsant, J. C. Ferrier, T. S. Morley, and H. Clarke, Guy's Hospital; J. T. Penhall and C. E. Saunders, St. Thomas's Hospital; E. B. Roche, J. C. Dickenson, and E. M. Cooke, King's College; R. B. Anderson and S. Woodman, St. Mary's Hospital; J. M. Finzi, G. R. Steil, A. Clarke, and H. Cass, University College; G. E. Williamson and C. A. Mercier, London Hospital; H. C. Pope, Liverpool; J. M'Carthy, Dublin and London.

The annual meeting of the Fellows of the College for the election of four Fellows into the Council will be held on the 3rd of July next.

COLLEGE OF PHYSICIANS, IRELAND.—At examinations recently held the following gentlemen obtained the licences in Medicine and Midwifery:—

MEDICINE.—Annesley Charles Castriot De Renzy, John M'Creery, Michael Power O'Connor, William Taylor, Thomas John Tighe.
MIDWIFERY.—Annesley De Renzy, Geo. William Joseph, John M'Creery, William Taylor, Thomas John Tighe.

THE death-rate in London last week was 19 per 1000 per annum.

DR. CASHEL, of Nenagh Dispensary District, has received a superannuation allowance of £80 per annum, after twenty-one years' service as medical officer.

MR. CHARLES SEMON, of Broughton Hall, near Skipton and Bradford, is about to erect on an elevated site at Ilkley a Convalescent Hospital, at an expenditure of £6000.

A CONCERT given last week in aid of the funds of the Royal National Hospital for Consumption at Ventnor was honoured by the presence of H.R.H. the Princess of Wales.

A DEPUTATION of persons engaged in textile manufacture waited upon Mr. Bruce on Tuesday last, with the view of urging upon the Government the necessity of dealing with the Nine Hours Factory Bill.

GROUSE.—While on the north side of the Dee the grouse disease is again prevalent, there is no appearance of the disease on the south side. Nesting is in the latter locality well advanced, and the prospects of coming sport are said to be excellent.

CONTAGIOUS DISEASES OF CATTLE IN IRELAND.—At a recent meeting of the Board of Guardians of the New Ross Union, it was resolved to petition Parliament against the contemplated measure to stop the movement of all cattle in Ireland and the stopping of all fairs for the months of June and July.

MR. C. T. BLACKMAN, the public vaccinator for the Whitechapel district, has just received a Government grant of £81 for successful vaccination.

HOSPITAL FOR SICK CHILDREN.—The twenty-first annual meeting of this excellent institution was held last week in the board-room of the hospital, Great Ormond-street. From the report it appeared that during the past year 844 in-patients—namely, 557 in the hospital, and 287 in the country home at Highgate, had been treated, while the number of out-patients amounted to 11,900. The expenditure had been £7285, while the income slightly exceeded £8000.

BROMIDE OF POTASSIUM IN ANGINA PECTORIS.—In a memoir lately presented to the Society of Medicine of Antwerp, Dr. Papillaud related various cases of angina pectoris in which the use of bromide of potassium afforded the best results. He begins with half a drachm of the salt daily, and increases the dose by half a drachm weekly until he reaches the dose of two drachms. Generally, the intensity of the fits rapidly abates, and recovery takes place after two or three months.—*Annales de la Société de Médecine d'Anvers*, March, 1873.

DONATIONS &C. TO MEDICAL CHARITIES.—The Goldsmiths' Company have voted £1000 in aid of the London Hospital Extension Fund. The National Hospital for the Paralysed and Epileptic has received a fifth £1000 from "W. X." St. Mary's Hospital has received a fourth £1000 from "D. T. H." Miss Ann Strutt, of Derwent Bank, has bequeathed £500 to the Derbyshire General Infirmary and £200 to University College Hospital. The Seaside Convalescent Hospital, Seaford, has received £450 in aid of the Land Purchase Fund from "R. S." and £35 from the magistrates of the Wandsworth Police Court. The late Thomas Murphy, Esq., has bequeathed the sum of one hundred guineas towards the funds of the City of Dublin Hospital.

THE PUBLIC HEALTH ACT, 1872.

[In the following list the letters "P.S.D." signify Port Sanitary District, "R.S.D." Rural Sanitary District, and "U.S.D." Urban Sanitary District.]

Districts, and Medical Officers.	*Salary per ann.*	*Area in Acres.*	*Population.*
Acton, U.S.D.—Mr. Robert Pollock	£70	...	8306
Ashbourne, R.S.D.—viz.:			
Southern District.—Mr. Robt. D. Goodwin ...	£30	47738	12006
Northern District.—Mr. Thos. N. Twigge ...	£50	44096	9889
Beeston, U.S.D.—Mr. James Butler	£21		
Banbury, U.S.D.—Mr. Richard Grimbly	£30	3020	11718
Basford, R.S.D.—Mr. Vincent Whitgreave	£500	53326	41004
Bulwell, U.S.D.—Mr. Robert Greville Buckby ...	£30	1212	4500
Bury, Lancashire, R.S.D.—Dr. Wm. Henry Barr	£300	22740	24356
Docking, R.S.D.—viz.:			
Burnham District—Mr. Augustine V. Dennis			
Docking " —Mr. George Parry	Fees	80633	17285
Rudham " —Mr. Frederic Manby ...			
Snettisham " —Mr. Rowland Fiockton ...			
Doncaster, R.S.D.—Mr. Francis C. Fairbank ...	£250	106163	19815
Ellesmere, R.S.D.—viz.:			
Baschurch District—Mr. Thomas Prichard ...		13280	2275
Hanmer " —Mr. John Parker		14718	2423
Hordley and Duddleston District } —Mr. J. W. Moorhouse...	20 per cent. upon their salaries as Union Medical Officers.	14887	2524
Middle District—Mr. Edward Sandford... ...		7184	1326
Overton " —Mr. Richard S. Perkins ...		8915	1720
Welsh Hampton District—Dr. John W. Roe...		12863	2133
Faversham, U.S.D.—Mr. Wm. Nash Spong ...	£30	406	7319
Hinckley, U.S.D.—Mr. Wm. Hughes Griffiths ...	£30	3435	6902
Holyhead, U.S.D.—Dr. Owen Williams...	£12	700	7000
Honiton, U.S.D.—Mr. Jas. Campbell Macaulay...	£20	1638	3470
Hursley, R.S.D.—Dr. Henry C. Selwood	£30	16427	2572
King's Lynn, P.S.D.—Mr. Walter G. Walford ...	Fees		
King's Lynn, U.S.D.—Mr. Walter G. Walford ...	£100	2870	17163
Llandudno, U.S.D.—Dr. James Nicol	£25	2408	9400
Morpeth, U.S.D.—Mr. William Clarkson	£25	4922	8000
Moss-side, U.S.D.—Mr. Arthur E. Sutcliff	£52 10s.	...	6000
North Witchford, R.S.D.—Dr. James M. Wilson	£130	38047	9730
Oswaldtwistle, U.S.D.—Dr. John Booth	£10	4883	10282
Southpor', U.S.D.—Dr. Henry H. Vernon	£100	1900	18089
Sturminster, R.S.D.—Mr. J. Comyns Leach ...	£80	36143	10863
Swansea, U.S.D.—Mr. Ebenezer Davies	£100	5400	54020
Teesdale, R.S.D.—viz.:			
Barnard Castle Dist.—Dr. John Mitchell ...	£25 10s.	59020	3867
Middleton District—Dr. John Makens	£32 5s.	66910	7039
Staindrop Dist.—Dr. Francis H. Homfray ...	£32 5s.	23832	5166
Ulverston, U.S.D.—Dr. Abram Thompson	£53 10s.	3653	9196
Wednesbury, U.S.D.—Mr. John Cooper Garman	£35	2130	28000
Whitchurch, Hants, R.S.D.—viz.:			
Overton District—Dr. Sidney Hayward... ...	£20	8577	1563
St. Mary Bourne District—Mr. Joseph Stevens	£15	7677	1346
Whitchurch District—Mr. Henry Hemsted ...	£31 10s.	14355	2778

Medical Appointments.

ALLCHIN, W. H., M.B., M.R.C.P.L., has been appointed an Assistant-Physician to the Westminster Hospital, vice Anstie.

ANDERTON, W., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for District No. 6 of the Ormskirk Union.

ANSTIE, F. E., M.D., F.R.C.P.L., has been appointed a Physician to the Westminster Hospital, vice Radcliffe, resigned.

BACOT, W. G., M.D., L.R.C.P.L., F.R.C.S.E., has been appointed Medical Officer to the Blandford Branch of the Dorsetshire Friendly Society.

BANCROFT, Mr. J. J., has been appointed Public Analyst for Denbighshire.

BARCLAY, A. W., M.D., has been appointed (provisionally) Public Analyst for Chelsea.

BLAKE, J. FF., L.S.A.L., has been appointed House-Physician to the Charing-cross Hospital, vice A. W. Orwin, M.R.C.S.E., L.R.C.P.Ed., whose term of office had expired.

BLUNT, Mr. T. P., has been appointed a Public Analyst for Shropshire: 13s. 4d. for each analysis.

BROWN, Dr. J. C., has been appointed Public Analyst for Cheshire: £100 per annum, and 6s. for each analysis. Also Public Analyst for Carnarvonshire: £5 per annum, and £1 1s. for each analysis.

CARR, H., M.R.C.S.E., has been appointed Assistant Medical Officer to the Metropolitan Asylum District Asylum for Imbeciles, Leavesden, vice Skelton.

COLLINS, Mr. J., has been appointed Public Analyst for Bolton: £30 per annum.

CORFIELD, W. H., M.D. (Professor of Hygiene and Public Health at University College, London), has been appointed Public Analyst for St. George, Hanover-square: £350 per annum as Medical Officer of Health and Analyst.

DELAMOTTE, P. W., M.R.C.S.E., has been appointed Resident Accoucheur to the Charing-cross Hospital, vice Blake, appointed House-Physician.

EAGAR, E. T. S., M.B., M.R.C.S.E., has been appointed Assistant Medical Superintendent of the Buckinghamshire Lunatic Asylum, Stone, vice Alexander, resigned.

GITTENS, Dr. T. J., has been appointed Medical Officer to the Government Small-pox Hospital, Lota, Chili, South America.

GOULD, H., M.R.C.S.E., has been appointed a Surgeon to the Gravesend and Milton Dispensary, vice Gramshaw, resigned.

HEALE, A. L., M.R.C.S.E., has been appointed House-Surgeon to the Westminster Hospital, vice Lawton, resigned.

HILTON, J., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Ormskirk Union.

HINDS, Dr. J., has been appointed Medical Officer for Division No. 1 of District No. 1 and the Workhouse of the Halsted Union, vice Astiles, resigned.

HORSLEY, J., F.C.S., has been appointed Public Analyst for Gloucestershire: £115 per annum, with offices, &c.

HUTCHISON, G. W., M.D., has been appointed Medical Officer for the Chipping Norton District of the Great Western and Western Midland Railway Provident Association, vice Smith, deceased.

JOHNSON, H., M.D., has been appointed a Public Analyst for Shropshire: 13s. 4d. for each analysis.

KYNERSY, T. B., M.D., has been appointed Medical Officer to the Fever Hospital, Athy, Co. Kildare, vice Clayton, deceased.

LETHEBY, Dr. H., has been appointed a Public Analyst for Hertfordshire and for East Sussex.

LYDDON, C., L.R.C.P.Ed., M.R.C.S.E., has been appointed House-Surgeon to the Kidderminster Infirmary, vice Greening, resigned.

M'CARTHY, J. P., M.D., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Abbeyfeale Dispensary District of the Newcastle Union, and Medical Attendant to the Royal Irish Constabulary, Abbeyfeale, Co. Limerick, vice Macnuliffe, deceased.

MACKAY, A. F., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for District No. 6 of the City Parish, Glasgow, vice M'Gill, resigned.

M'LEAN, A., M.B., C.M., L.R.C.S.Ed., has been appointed a Medical Officer to the Royal Portland Dispensary, the Dorset Co. Club, and Foresters' and Odd Fellows' Clubs, and Admiralty Surgeon and Agent for Portland, vice Carruthers, deceased.

MALCOLMSON, J. A., M.D., has been appointed House-Surgeon to the North Riding Infirmary, Middlesborough.

MARTIN, H. A., M.D., M.R.C.S.E., has been appointed Medical Officer to the Cosham District of the Fareham Union, vice Probyn, resigned.

MASON, G., M.R.C.S.E., has been appointed Medical Officer for Districts Nos. 7 and 9 of the Wisbech Union, vice Maynard, resigned.

MUTER, Dr., has been appointed Public Analyst for Streatham, Tooting, and Balham.

NALLY, W. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ardrahan Dispensary District of the Gort Union, Co. Galway, vice Ireland, resigned.

NEWNHAM, L. J., M.R.C.S.E., has been appointed House-Surgeon to the Charing-cross Hospital, vice Delamotte, appointed Resident Accoucheur.

O'DONNERTY, J., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer to the Inishowen Workhouse, and Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Carndonagh Dispensary District of the Inishowen Union, vice Kearney, deceased.

ROSE, H., L.D.S. R.C.S.E., has been appointed Surgeon-Dentist to the Metropolitan Free Hospital, Devonshire-square, vice Gregson, resigned.

SEARLE, G. C., M.R.C.S.E., has been appointed Medical Officer for the Brixham District of the Totnes Union, vice Brooking, resigned.

SMITH, C., M.R.C.S.E., has been appointed Medical Officer for District No. 2 B of the East Preston Union, Sussex, vice Worthington, resigned.

SPENCE, R., M.B., C.M., has been appointed Resident Physician to the Royal Hospital for Sick Children, Edinburgh, vice Bell, resigned.

SUTTON, Mr. F., has been appointed Public Analyst for Norfolk.

TIDY, C. M., M.B., F.C.S. (Health Officer, Lecturer on Chemistry, and Professor of Medical Jurisprudence at the London Hospital), has been appointed Public Analyst for St. Mary, Islington.

TURNER, G., M.R.C.S.E., L.R.C.P.L., has been appointed Public Analyst for the Borough of Portsmouth: £50 per annum.

WHITMORE, J., M.D. (Medical Officer of Health and Gas Examiner), has been appointed Public Analyst for St. Marylebone: Salary to be determined at the end of the year.

Births, Marriages, and Deaths.

BIRTHS.

GEERE.—On the 19th inst., at Brighton, the wife of G. Geere, M.R.C.S.E., of a daughter.

GOOD.—On the 29th inst., at Wilton, Wilts, the wife of Dr. Joseph Good, of a daughter.

HATHERLY.—On the 12th inst., at Wellington-street, Park-side, Nottingham, the wife of H. R. Hatherly, L.R.C.P.Ed., of a daughter.

JAMES.—On the 15th inst., at Clarendon-road, the wife of Richard James, M.R.C.S.E., of a daughter.

MANNING.—On the 21st inst., at Abington-street, Northampton, the wife of J. Manning, M.R.C.S.E., of a son.

PARKINSON.—On the 26th inst., at Brolton, near Saltburn-by-the-Sea, the wife of J. Taylor Parkinson, M.B., of a son.

YOUNG.—On the 15th inst., at North Castle-street, Edinburgh, the wife of J. Young, M.D., of a son.

MARRIAGES.

FRASER—TUKE.—On the 14th inst., at St. George's, Edinburgh, John Fraser, M.B., C.M., Medical Superintendent of the Fife and Kinross Lunatic Asylum, to Catherine, daughter of John B. Tuke, Esq.

SAUNDERSON—RUSSELL.—On the 20th inst., at Rathmines, Robert Saunderson, M.D., of Pettigo, to Kate, daughter of Joseph Russell, Esq.

WOOD—COLLINS.—On the 21st inst., at St. Matthew's, Upper Clapton, J. E. Wood, M.R.C.S.E., of Wallop, to Annie, daughter of the late Thos. Collins, Esq.

DEATHS.

CLARKE.—On the 18th inst., T. Clarke, M.R.C.S.E., of Hall-gate, Doncaster, aged 55.

LESLIE.—On the 16th inst., at East Broughton-place, Edinburgh, T. C. Leslie, F.R.C.S.E.

LOMBARD.—On the 18th ult., at Rawul Pindee, Daniel E. Tyrrell Lombard, L.K.Q.C.P.I., Staff Surgeon Indian Army.

MAC ROY.—On the 24th of March, at Hong Kong, R. W. M'Coy, L.K.Q.C.P.I., Colonial Surgeon, aged 36.

PODE.—On the 25th inst., Chas. C. Pode, M.B., of Exeter College, Oxford, aged 32.

PRINGLE.—On the 23rd inst., at Osmotherley, Catherine Mary, daughter of R. Pringle, L.R.C.P.Ed., aged 9 months.

ROBERTS.—On the 15th inst., J. Roberts, M.R.C.S.E., of Golear, aged 66.

SAVERY.—On the 16th inst., J. G. Savery, M.R.C.S.E., of Wellington-place, Hastings, aged 43.

Notes, Short Comments, and Answers to Correspondents.

GENTLEMEN forwarding newspapers containing paragraphs to which they wish to draw our attention are particularly requested to mark such passages.

G. B. R.—1. An ovum is discharged from one or more Graafian follicles at each menstrual period, but not the Graafian follicle itself. It is probable that in the majority of cases only one ovum is so thrown off from one or the other ovary.—2. Probably in the case of twins.—3. Not known. Probably not.

Mr. H. J. W., (Boston.)—The disease is probably due to a vegetable parasite, the presence of which might, perhaps, with the aid of proper reagents, be detected by the microscope. Our correspondent should ask his medical attendant to examine the hair for this purpose.

Alpha.—It is kind to believe that some good degrees may come out of Philadelphia; but such faith should not be relied on, and we can only repeat the advice we have given to the owners of Philadelphia degrees—viz., to make a profound secret of their possession.

B. B.—The licence of the London College of Physicians includes the right to practise medicine, surgery, and midwifery.

Galen.—Professor Corfield's work on the Utilisation of Sewage.

STRONG BEEF-TEA.

To the Editor of THE LANCET.

SIR,—In reports of cases of acute disease one not unfrequently observes the prominent part that "strong beef-tea" obtains in the dietary. For instance in the account of the illness of the late Mr. J. S. Mill, contained in your issue of May 24th, it is said that he had "strong beef-tea at frequent intervals." Perhaps we are not to conclude that no better nourishment was given. But I would venture to take the opportunity of asking whether there is not a considerable number of practitioners who, in common with the public, still assign an undue place to this fluid? If testimony on the subject be needed, I would quote from a recent article by the late Baron Liebig, in which, while advocating the value of his extract of meat, he classes it with tea and coffee. He says: "It will be well understood, therefore, that by the addition of extract of meat to our food, we neither economise carbon for the maintenance of the temperature, nor nitrogen for the sustenance of the organs of our body, and that, therefore, it cannot be called 'food in the ordinary sense.'" In regard to any alleged advantage of beef-tea over meat-extract, he further remarks: "Both extract of meat and beef-tea are prepared from the same material exactly in the same manner, and the difference of the former from beef-tea consists simply in extract of meat being beef-tea condensed to the consistency of honey."

Misapprehension on this matter may surely lead to grave consequences in acute disease.

Your obedient servant,

Eastbourne-terrace, May 28th, 1873. W. WILBERFORCE SMITH.

MADEIRA.

OPINIONS differ as to the merits of Madeira as a health-resort. "Hirundo," writing in *The Times*, impeaches the accommodation as being in all respects vastly behind what is found at even second-rate hotels on the Continent. "Invalid Traveller," on the contrary, addresses the same journal in language of unqualified eulogy as to the comfort and even luxury to be enjoyed at the hotels of Funchal. Sofas, arm-chairs, and invalid couches are not more abundant and excellent than the fare on which the inmates are dieted. "Madeira beef is not to be beaten anywhere; poultry and game are good and plentiful; the fruit is both choice and varied; and the cooking equals that of first-rate hotels in Continental towns." The expense of living is less than that experienced in the South of France and Italy; while patients can be conveyed in hammocks to the lovely spots, in which the island abounds, with perfect comfort and at the most reasonable cost. The sanitary arrangements are defective; but the slope on which the town is built enables the heavy rains to cleanse the streets and carry off the impurities by a sort of natural drainage. Humid and relaxing the climate undoubtedly is; but such is precisely the condition under which many cases of lung disease are benefited. A useful guide to the health-seeker desirous of estimating the sanitary virtues of Madeira will be found in Dr. Michael C. Grabham's little work reviewed some time ago in THE LANCET.

Mr. E. Ward Jackson.—If our correspondent's medical attendant will supply us with a statement of the case, it shall be published.

THE NEW ARMY MEDICAL WARRANT.

To the Editor of THE LANCET.

SIR,—Permit me to make a few remarks on the replies given to Dr. Playfair's queries by Mr. Cardwell. Dr. Playfair's kindness in putting these questions is beyond all praise, and we owe to him a great deal in consequence, as well as to you for publishing them.

1. If it had been decided to grant promotion on an average of *fifteen years'* service, why not state so in the Warrant? Mr. Cardwell may intend to do this; but his successor in office may think otherwise. How are officers then to get the *half-crown?*

2. Medical officers' forage allowance was not originally granted because other departments drew forage, but because the medical officer ranked as a field officer, and claimed it as an appanage of that rank. This principle was conceded by the Royal Warrant of 1858, and medical officers will not remain content to have their allowances and status arranged or given in accordance with other departments the members of which are not professional military officers, and with whose duties they have nothing in common.

3. Whoever heard of a bonus being given to a medical officer to make him retire?

4. This removal of the surgeons from their regiments only appears to relieve the junior medical officer from band subscriptions; but it does not give him staff allowances. It throws upon the surgeons-major a double duty, removes all chance of leave, and gives this class of officer a large amount of extra responsibility for charge of stores and equipment, which may cause at any time heavy pecuniary loss without any compensating advantages. Instead of compensating advantages, which one would naturally look to under such circumstances, they may be actually deprived of their forage and status as a mounted officer. When commissaries were deprived of their charge pay, the amount was added to their incomes.

5. Nothing is mentioned in the Warrant as to power of re-appointment. The position is not at all the same. A medical officer removed after five years, and appointed to another regiment, must lose all seniority, and go to the bottom of all his juniors; in fact, have not a better position than that of senior captain. He loses his army seniority altogether, and, by the reservation "junior to the rank" after twenty years' service, is placed at a disadvantage with all other civil departments in which no such restriction exists.

The Warrant was looked forward to as about to embody many new advantages, and the placing of the service upon a permanent basis of contentment and efficiency. Considering the prospective savings by the diminution in the number of the offices, and the increasing duties of those which remained, this might have been asked with all justness by the members of our profession in the service. There were many things requiring improvement. No improvement has been attempted in this new Warrant; all is uncertain, more so than before.

The army rank and relative position with combatant, not *departmental*, officers granted in 1858 have been withdrawn; allowances, looked upon in the light of income, have been cut down; officers have been removed from their regiments without any provision for sums funded in their regiments and paid for equipment and uniform, costing a great deal. By reply 4 it is evidently intended that surgeons-major are to continue to pay band and mess subscriptions—entirely ignoring their being attached and on the establishment. If medical officers are only "with a regiment," and not upon its establishment, they should pay no such subscriptions, as having no voice in its internal management or interest in its funded property.

The objection to this Warrant is, not what it gives, but what it takes away. It is a direct violation of that of 1858. Mr. Cardwell does not say a word about the charge of stores thrust upon us without our will, and against the recommendations of Mr. Sidney Herbert's Commission. He does not explain why a deputy surgeon-general has to serve five years to obtain the rank of colonel, whereas a deputy comptroller gets it at once, and higher pay; neither does he explain why the one officer is shown in the Army List upon the district staff, and not the other, or why the uniform of a medical officer is more suitable to exhibitions on the 5th of November than to the duties he is called upon to perform.

We medical officers of the army, in consideration of the services we render to the Crown, our position as professional military officers—not clerks, the risks we undergo in war and pestilence, the sums we have expended, and the time we have spent in our education, and the enormous reductions we have caused in the mortality and sickness in the service, thus rendering the British army far more efficient and less costly, demand equal rights with *combatant*, not departmental, officers. Until these rights, granted to us in 1858, are restored, rest assured we will never be content.

I remain, Sir, yours truly,

May 24th, 1873. ONE OF THEM.

GALVANO-PUNCTURE IN THORACIC ANEURISM.

CONTRARY to a statement that appeared in a contemporary last week, the results of the galvano-puncture, recently reported in our columns, proved sufficiently encouraging to induce Mr. Holmes to subject the patient to a repetition of the operation on the 23rd instant. On Monday and Tuesday last the galvanic current was applied to the skin over the tumour. Since the treatment by galvanism was first adopted the aneurism has become harder, though some lateral increase has occurred.

Mr. W. J. Marsh.—Our correspondent will not expect us to find space for his second communication. The case between the Salop Medical Aid Association and ordinary Club arrangements does not seem to us so simple and clear as it appears to him.

THE communication of *J. H.* (Preston) arrived too late for notice this week.

DISABILITY OF LICENTIATES OF COLLEGES OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—Just as I have forwarded to you through the post two local weekly papers, each telling of my triumph in the County Court at Durham at last, after lengthy and persevering law seeking, I see from THE LANCET of to-day that a licentiate of the London College of Physicians is now placed in an exactly similar position to mine before I obtained a judgment. This is very tormenting, and it will be always the way of doing things by law until an authoritative judgment shall be given in a superior court. I had that end in view when I commenced my latest actions (for the notice of appeal which was given on my account by a man of law on the first adverse decision turned out to be informal, and therefore lapsed); but as judgment here is now in my favour, an appeal by me is as unnecessary as it is out of my power to get. Nevertheless, I would urge upon all licentiates in medicine of the three kingdoms to commence united action at once, as the continuation of these judgments in inferior courts, and their remaining unreversed, have a most injurious effect. I shall be only too happy to write down my guinea or my two guineas in aid of the man who brings the first appeal, and this notwithstanding that during my own time of trial I had letters of sympathy from less than ten, and of aid from less than six, of the whole profession in England! This apathy and this selfishness is the reason why wrong judgments are heaped upon us in County Courts; and, further, it is the reason why we have not had long ere this a thorough Medical Bill. It is all very well for doctor, divine, or lawyer each to prate of his "noble profession" in an after-dinner speech; but disagreeable facts are in no way changed by being persistently hid out of sight.

I am, Sir, yours respectfully,

Houghton-le-Spring, May 24th, 1873. JAMES O'FLANAGAN.

To the Editor of THE LANCET.

SIR,—In reference to Mr. Skinner's letter in your journal of last week, and to your annotation on the subject, allow me to cite Section 31 of the Medical Act:—

"Every person registered under this Act shall be entitled *according to his qualification* or qualifications to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, *and the costs of any medicines* or other medical or surgical appliances rendered or supplied by him to his patients; provided always that it shall be lawful for any College of Physicians to pass a bye-law to the effect that no one of their *fellows* or *members* shall be entitled to sue in manner aforesaid in any court of law, and thereupon such bye-law may be pleaded in bar to any action for the purposes aforesaid commenced by any fellow or member of such College."

This is so very distinct that it is difficult to see how any gentleman with the slightest allowance of brains, be he lawyer or scavenger, could mistake it; "licentiate" is not inserted after "member," it will be seen.

But lest, even after reading the section, any doubt should exist as to "according to *what* qualifications" a medical man can recover for medicines, I will give an extract from the Bye-laws and Regulations as supplied by the College to the Medical Directory. In almost the first sentence of these Regulations we have:—

"The licentiates of the College are entitled to register under the Medical Act, and to practise medicine, surgery, and midwifery in any part of Her Majesty's dominions, *and may compound or dispense medicines* for patients under their own care."

If this is not enough, what is? Yours truly,

May, 1873. A STUDENT INTENDING TO TAKE THE LICENCE.

A Young Accoucheur.—Cazeaux's Theory and Practice of Midwifery is regarded by good judges as the best French work on the subject, and it is undoubtedly sound and good. To say it is superior to any other treatise published would be to use strong language, which should be reserved for very rare occasions.

M.D.—Mr. Durham removed the kidney of a woman in Guy's Hospital on May 14th, 1872, with fatal result; but the details of the case have not as yet been published.

Dr. McKeown's (Belfast) paper shall appear shortly.

INSURANCE OF MEDICAL MEN AGAINST SICKNESS.

To the Editor of THE LANCET.

SIR,—Seeing in your impression of May 3rd a letter from "Stonham Aspall," I beg to inform that gentleman that if he will forward me his address I shall be happy to send him the rules of an Assurance Society I am a member of. In case of sickness they allow £2 per week for one year, and after that time it is reduced to £1, no matter how long the illness continues, and a sum of £40 at death; free to immediate benefit. I agree with the writer in the desirability of forming such a Club as that to which he alludes.

I am, Sir, yours faithfully,

WM. DALY MOORE, L.S.A., &c.

5, Clifton-terrace, Neath, Glamorganshire, May, 1873.

P.S.—I pay 13*s.* 4*d.* per month to secure the benefits I have mentioned.

DRAWING THE LINE.

THE Local Government Board is generally supposed to have experienced considerable difficulty in defining a limit to the functions of inspectors of nuisances. We do not know whether it had equal difficulty in apportioning the duties of barbers to the various palatial institutions under its supervision; but on the question of status of members of the useful vocation of hair-cutting, the Board displayed a rapidity and a keenness of decision that cannot but command respect and admiration. At a recent meeting of the Shoreditch Board of Guardians a letter was read from the Local Government Board, declining to sanction the payment of the barber's salary out of the Common Poor Fund, as "they do not consider a hair-cutter is an officer."

D. M. R.—Probably the tonsil was cut obliquely, and the upper part escaped, and is now developing. It is not usual for the small portion of the gland left after excision to give any trouble by its growth.

Mr. John W. Bredin.—The qualification cannot have a retrospective force.

THE BRITISH PHARMACOPŒIA, 1867.

To the Editor of THE LANCET.

SIR,—The compilers of this interesting volume have placed under each of the principal drugs a list of the compounds of which it forms an ingredient, doubtless with a view to promoting and facilitating the study of materia medica. Now, it is of the inaccuracies of many of these categories that I have to complain. Not only do they abound in inconsistencies and omissions, but I find several downright mistakes. Will you allow me to call your attention and that of your readers to one or two? You will thus, perhaps, render a service to some who, like myself, are preparing for examination, and taking the P.B. for their guide.

Take the list of preparations containing mercury, for instance (p. 154, 155). Why should the unguentum hydrargyri subchloridi be left out? The six other ointments which contain the metal or its compounds are given. Then, too, the proportion of mercury in linimentum hydrargyri is stated here to be one part in three. On referring to the preparation, I find it to be one in *six*, as it is made with the ointment. The strength of suppositoria hydrargyri (also one in six, 2½ grains in each) is for some inscrutable reason not given. Turning to the red iodide of mercury (p. 150), I read: "Preparation—unguentum hydrargyri iodidi rubri, one part in *eight*." Sixteen grains to an ounce is nearer one in *thirty*, I think.

Again, in the preparations of opium (p. 230, 231), the compound lead suppository, which contains one grain of opium (i. e., one part in fifteen) is altogether ignored. The opium lozenges each contain one-tenth of a grain of *extract* of opium, not opium itself, as we are here left to infer.

Under the head of belladonnæ folia (p. 55), why should not the emplastrum and unguentum belladonnæ be mentioned? Both are made with the extract; the first being composed of equal parts of that and resin plaster, the second containing nearly one part in six and a half.

At p. 140 I do not find pilula aloes et ferri among the preparations of iron. It is given under sulphate of iron (p. 138) in company with ferri sulphas exsiccata; but, if I am not mistaken, *six* other preparations are associated with the sulphate—the arseniate, saccharated carbonate, magnetic oxide, and phosphate of iron, the liquor ferri persulphatis, and mistura ferri composita. No preparations are appended to ferri peroxidum hydratum (p. 136), but it is the active component of emplastrum ferri, and is used in making ferrum redactum. In connexion with the latter, too (p. 140), no mention is made of trochisci ferri redacti.

As emplastrum plumbi iodidi and pilula plumbi cum opio are undoubtedly "preparations containing lead," one would have expected to find them at page 245; and if atropia is given under the head of carbonate of potash, ought it not to be mentioned that oxide of lead is used in preparing digitaline, and the acetate in the preparation of strychnia?

You will see that I have mentioned none but a few of the principal drugs. These examples have all occurred to me within the last few days in the ordinary course of reading. I have not looked for them. No doubt many more might be discovered by anyone who chooses to hunt them up. For my part I have certainly no inclination to do so. While admitting the great importance of the subject of materia medica (somewhat unessily with regard to future transactions with the College of Physicians), I blush to confess that that delightful theme forms by no means my favourite branch of professional study, and I shall therefore play the part of a pharmaceutical detective no further. But ought not a book bearing the Royal Arms and "By Authority" to be, like Cæsar's wife, above suspicion?

I am, Sir, yours truly,

May, 1873. W. A. S.

Mr. J. Harry Ashworth.—The occurrence of two head presentations in cases of twins is by no means uncommon. Dr. Collins records 205 twin cases; in no less than 103 of these both heads presented. In other words, the presentation occurred in very nearly 50 per cent. of the cases.

W. H.—We cannot undertake to prescribe.

Inquisitor.—The law only gives power to deal with unqualified practitioners who assume false titles; that is to say, titles which imply medical registration. Anybody can practise medicine; but only registered persons can recover in a court of law.

A Regular Reader.—We believe there will be an examination in August.

DR. PRITCHARD AT CLAVERING.—No. 2.

THE following paragraph is taken from the *Herts and Essex Observer* for May 17th:—

"The correspondent who sent the paragraph which appeared in our last issue relative to the settlement of Mr. R. Clement Pritchard in this village, wishes to state that he was in error in saying that Mr. Pritchard is a Fellow of the College of Surgeons, instead of which he is a Licentiate of the Society of Apothecaries, in connexion with which he holds the diploma of Licentiate of the Faculty of Physicians and Surgeons of Glasgow. He also desires it to be understood that the paragraph in question was inserted entirely without the sanction or knowledge of Mr. Pritchard, and appeared solely to prevent the impression that he is not likely to remain in the neighbourhood from gaining ground."

SHOULD A LICENTIATE OF A COLLEGE OF PHYSICIANS TAKE THE APOTHECARIES' LICENCE?

An Old Subscriber.—The advantage is that the Apothecaries' licence is never disputed as a ground for medical charges including medicines. The licentiates of the Colleges of Physicians are every now and again nonsuited because they are not apothecaries. And not only so; occasionally they are lectured by County Court Judges, and told that they have exposed themselves to a fine of £50 by acting as apothecaries.

Mr. Walter J. Walford, (King's-square.)—We are glad to have gratified our correspondent in the matter.

OCCASIONAL ABSENCE OF THE PECTORAL MUSCLES.—COMPOUND KIDNEY.

To the Editor of THE LANCET.

SIR,—Judging from the cases recorded in your columns during the last few weeks, the first-named malformation would appear to occur more frequently than is commonly supposed. I can add from my own observation another case to those already mentioned, which was noticed in a subject dissected in this College during the past session.

The sterno-costal portion of the pectoralis major and the pectoralis minor were completely absent on the right side, with the exception of a few dense tendinous fibres attached to the third and fourth ribs and coracoid process of the scapula. The clavicular portion of the pectoralis major was present, and, with the deltoid muscle and rest of the arm, was fairly developed. The pectoral muscles on the left side were normal. Of the effect of the deficiency on the man during life I know nothing, as I had never seen him till he was brought into the dissecting-room, and was unable to trace his history. He appeared to be about forty years of age.

Another congenital malformation noticed in the dissecting-room during the past session, which may be sufficiently rare to interest some of your readers, was a union of the kidneys by an arch across the aorta, forming the so-called horseshoe kidney, the compound kidney thus formed being supplied with blood by four renal arteries, two on each side, and each side having two ureters, which united about six inches from the kidney. As in the former case, I did not see the man till after death; but it is scarcely probable that such a condition of things could be detected during life; nor would it be of much practical use if it could, except possibly with regard to prognosis in any injury or disease affecting one side.

I am, Sir, yours faithfully,

H. J. SAUNDERS, M.D., M.R.C.S. Eng.,
Demonstrator of Anatomy, Royal College of Physicians and Surgeons, Kingston, Ontario.

Kingston, April 18th, 1873.

Dr. W. W. Leadam has a right to feel dissatisfied with the treatment he has received. He would not be much to blame under the circumstances if he were to claim a fee. He will do better, however, to bring the facts of the case under the notice of the "accoucheur connected with the hospital." There is always a chance of some misinformation or misunderstanding, which it is charitable to assume before deciding that a medical man has been guilty of discourtesy to a professional brother who has acted for him in his absence.

A. Z.—Why not address a remonstrance to the gentleman in question, if our correspondent is sure of his ground?

A CODE OF FEES.

A CORRESPONDENT has kindly supplied us with the following information in answer to a query by a subscriber in THE LANCET of May 3rd:—

"A tariff of fees was published at Manchester in 1865; at Bridgwater in 1865; at Sydenham in 1867; and there was also a Table of Fees adopted by the Committee on Medical Fees appointed by the Faculty of Physicians and Surgeons, the Medical, and the Medico-Chirurgical Societies of Glasgow. The titles of the three publications referred to are as follows:—1. Tariff of Medical Fees for Manchester and its Suburbs, issued by the Manchester Medico-Ethical Association (Manchester: Jas. E. Cornish). 2. A Tariff of Medical Fees for Bridgwater and its Neighbourhood (Bridgwater: A. Graham). 3. A Tariff of Medical Fees adopted by the Sydenham District Medical Society (Printed by Millard, High-street, Sydenham)."

R. H.—Upon the report of the inspectors of vaccination, the manner in which the "instructions of vaccinators under contract" have been carried out, and especially, we believe, upon the observed results of vaccination estimated by Section 2 of the instructions.

Medicus.—We must again refer our correspondent to his lawyer.

INSIDIOUS DISEASE OF THE BOWELS.

To the Editor of THE LANCET.

SIR,—I noticed in your last issue, among the answers to correspondents, a statement to the effect that inflammation of the bowels in young girls frequently makes most insidious progress, and is often apparent only when fatal mischief has been occasioned. A case substantiating this occurred to me a few days ago.

A young girl, aged ten years, strong and well-nourished, was in her usual health, and at school, on the Friday afternoon. On Saturday she complained only of slight thirst, but still played with her companions. During the night she became somewhat delirious, and she died early on the Sunday morning. As she had on Friday been observed to eat some of the common plant, "brook-lime," it was suspected that this had occasioned her death, the more so as she had been very sick soon after eating the brook-lime (which is, however, nowhere stated to be poisonous); but the post-mortem showed that the stomach and bowels were little, if at all, affected by it. Of the lower third of the ileum about six or eight inches were inflamed and even gangrenous; ulceration and perforation had taken place, and some lumbrici had passed into the peritoneal cavity. The girl had not complained of any abdominal pain, nor had there been any departure from the daily action of the bowels.

I am, Sir, yours, &c.,

HENRY J. ASHBURNER,
Medical Officer, Horsham Union.

May 25th, 1873.

JERSEY DIPLOMAS.

A CORRESPONDENT sends us an advertisement from a German paper, which seems to show that by applying to one "Medicus in Jersey, England," diplomas can be obtained. We agree with our correspondent that the nature of the diplomas and the character of the person signing himself "Medicus in Jersey" might be worth knowing.

Dr R. Bentham.—The paragraph quoted did not refer in any way to our respected correspondent.

A NEW RESIDENT.

THE following paragraph is taken from the *Brighouse News* for May 24th:—

"We learn that the medical profession at Brighouse has just received an accession in the person of Mr. Cecil Alexander Bindley, M.R.C.S., formerly assistant with Mr. Pugh, surgeon. He will reside in Bradford-road, next door to Mr. Hepworth, architect. The courtesy and attention which patients received at his hands, whilst with Mr. Pugh, leave little doubt that he will be heartily welcomed."

It is to be hoped that this paragraph has been inserted without the knowledge of Mr. Bindley.

M.R.C.P.—The patient's wish should be the determining consideration in such exceptional circumstances.

ANALYSIS OF BONES OF THE HUMAN FACE.

DR. WARNER, of Charleston, South Carolina, lately reduced to powder the whole of the facial bones of an adult negro, and then analysed the mass with the following result:—

Matter expelled at a low red heat, consisting of moisture and organic matter containing 3·32 p. c. of nitrogen ...	Per cent. 34·08
Phosphoric acid	27·153 p. c.
Sulphuric acid	traces.
Carbonic acid...	2·30
Magnesia...	0·432
Lime...	34·77
Fluid ingredients determined	64·035
Fluid ingredients undetermined	1·265
Total	100·000

WE are compelled to postpone the insertion of several letters on the New Army Medical Warrant.

ERRATUM.—The signature to a letter on page 755 of our last impression, headed "Disabilities of Licentiates of Colleges of Physicians," was, owing to the indistinctness of the manuscript, wrongly printed. It should have been "W. Skinner," &c., not "E. Skinner."

COMMUNICATIONS, LETTERS, &c., have been received from — Sir Jas. Paget, London; Dr. Richardson, London; Mr. Jonathan Hutchinson, London; Dr. Wharton Hood, London; Dr. Maudsley, London; Mr. Williams, Brighton; Mr. White, Strood; Mr. Potter, London; Mr. Arnison, Newcastle; Mr. Henry, Liverpool; Dr. Palmer, Loughborough; Dr. J. Ross, Waterfoot; Mr. Wood, Winchester; Mr. Rennie, Dalston; Mr. Draper, Kensington; Mr. Robotham, Croydon; Mr. H. J. Ashburner, Horsham; Mr. Murdoch, Forfar; Mr. Hyams, Cheadle; Mr. W. Belfort, Glasgow; Dr. Thompson, Ulverstone; Mr. Evans, Stourport; Mr. Waite, Boston; Mr. Beard, Watford; Mr. Jackson, Bristol; Mr. Dixon, Crickhowell; Dr. Brummell, Burnley; Mr. Clay, Sheffield; Mr. J. R. Crombie, London; Mr. Lever, Redhill; Mr. Harrison, Liverpool; Mr. Barber, Manchester; Mr. George, Olney; Mr. Allen, Bawtry; Mr. Danton, Reading; Mr. Jones, Thorney; Mr. Hitchcock, London; Mr. Bordly, Caterham; Mr. Leman, Chipping-Sodbury; Mr. Alexander, London; Mr. Macneelage, Cornforth; Mr. Groves, Venice; Mr. Hall, Hobart Town; Mr. Wilmer, Maidstone; Dr. Marcet, Nice; Mr. Smith, Exeter; Mr. Bridge, Yerktown; Mr. James, London; Mr. Macory, Belfast; Mr. Merritt, Howden; Mr. S. Ash, Ware; Mr. Ashworth, Kettering; Mr. Dennis, Ashford; Mr. A. Wilson, Glasgow; Dr. O'Flanagan, Houghton-le-Spring; Mrs. Denetsaadi, Fallowfield; Mr. Rudyard, Watford; Mr. Greig, Kidderminster; Mr. Reeves, London; Dr. Woodward, Worcester; Mr. Eager, Kingfield; Mr. W. Haynes, Bradford; Mr. Garnham, Lincoln; Mr. Jones, Rhyl; Dr. Chalmers, London; Mr. Bredin, Chart Sutton; Dr. Lowe, Lynn; Dr. Maclaren, Carlisle; Dr. Bentham, London; Mr. Forbes, Glasgow; Dr. M'Elroy, Zanesville, Ohio; Mr. Biggs, Wrexham; Mr. Bennett, Truro; Mr. Hanman, Buxton; Mr. Skinner, Sheffield; Mr. Kennerley, Spa; Mr. Burrows, Farnham; Mr Clarke, Bingley; Mr. Pratt, Cardiff; Mr. Stevens, Bury St. Edmunds; Dr Leslie, London; Mr. Crispe, Wellington; Mr. Jones, Scarborough; Mr. Lancham, Northampton; Mr. Colman, Norwich; Mr. C. Maclean, Applecross; Mr. Graves, Shiffnal; Mr. Pearce, Bedcar; Mr. Parkinson, Bretton; Mr. Hartley, Dover; Mr. Murphy, London; Mr. Pulling, Chigwell; Mr. Sanders, Leigh; Mr. Burman, Towcester; Mr. T. Cartwright, Romsey; Mr. Edwards, Winchelsea; Mr. Palm, Edinburgh; Mr. Horner, Bedworth; Mr. Williams, Crewkerne; Mr. Philipson, London; Mr. Back, Leicester; Dr. Ogilvie, Aberdeen; Mr. Harding, Chepstow; Dr. Phillips; Dr. Smith, Bristol; Mr. McKeown, Belfast; Mr. Walford, King's Lynn; Mr. J. Arnedge, Chelmsford; Mr. A. W. Smith, London; Mr. Mitchell, Wakefield; Mr. Clayton, Woodford; Mr. Burns, Corwen; Mr. R. Pringle, Gainsborough; Dr. Gittens, Iota, Chili; D. M. B.; A. Z.; M.A. Oxon.; J. H.; Old Subscriber; A Surgeon-Major; W. W. L.; G. R. E.; F.R.C.S.; Rusticus; A Regular Reader; Vigilance; W. H.; &c. &c.

Philadelphia Medical Times, Macclesfield Courier, Roscommon Journal, Durham County Advertiser, Schoolmaster, Melbourne Age, Belfast Telegraph, Australian Medical Journal, Brighouse News, Hastings Herald, Camden Town Gazette, West Country Lantern, and *Colonial Standard* have been received.

METEOROLOGICAL READINGS

(*Taken by Steward's Instruments*).

THE LANCET OFFICE, MAY 29TH, 1873.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rain-fall.	Remarks.
May 23	29·87	W S W	53	55	105	63	48	0·09	Rain
„ 24	30·10	N.W.	56	63	103	69	44	...	Fine
„ 26	30·04	S.E.	54	59	99	69	46	0·05	Overcast
„ 27	29·87	W.	51	54	99	67	49	0·06	Overcast
„ 28	30·24	N.E.	47	51	78	58	43	...	Overcast
„ 29	30·45	N.W.	47	52	93	64	46	...	Fine

Medical Diary of the Week.

Monday, June 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Humphry, "On the Varieties in the Muscles of Man."

Tuesday, June 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. J. Parker, "On Roman Archæology."

Wednesday, June 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Humphry, "On the Varieties in the Muscles of Man."
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. George Roper, "On a Case of Hypertrophic Elongation of the Cervix Uteri at the full term of Pregnancy."—Dr. Eardley-Wilmot, "On the Fillet as an Obstetric Aid."—Dr. Wiltshire, "On the Common Skin Diseases of Children."
ROYAL MICROSCOPICAL SOCIETY.—8 P.M.

Thursday, June 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light."

Friday, June 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Humphry, "On the Varieties in the Muscles of Man."
ROYAL INSTITUTION.—3 P.M.

Saturday, June 7.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 2½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. J. Morley, "On the Historic Method."

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